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Maryland Medical Care Programs

Medical Assistance Program · Pharmacy Assistance Program

The Year in Review

Fiscal Year 1983

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Prepared by
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Maryland Department of Health and Mental Hygiene

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INTRODUCTION

Maryland Medical Care Programs provides access to health care services for low income Maryland residents through the Medical Assistance and Pharmacy Assistance programs.

Fiscal year 1983 was the seventeenth full year of operation for the Maryland Medical Assistance Program. The purpose of Medical Assistance is to provide the state's low income residents with access to a broad range of health care services. Statutory authority for the Program is contained in Title XIX of the Social Security Act and in Title 15 of the Health-General Article of the Annotated Code of Maryland. The Maryland Medical Assistance Program is administered by the Assistant Secretary for Medical Care Programs in accordance with federal requirements and is funded jointly by the state and federal governments.

The average monthly enrollment in the Maryland Medical Assistance Program in fiscal year 1983 was 351,109 people, 8.2% of the state's population. Program enrollees received health care services from approximately 8,900 participating Maryland health care providers. Nearly $550 million was spent by the Program during the year to provide these services.

The Maryland Pharmacy Assistance Program, established by the Maryland General Assembly in 1978, also is administered by the Assistant Secretary for Medical Care Programs and is supported entirely by state funds. The purpose of this program is to help low-income individuals and families who are not eligible for Medical Assistance pay for prescriptions, insulin, and certain medical supplies. Approximately $2.7 million was spent for an average of 10,761 Pharmacy Assistance enrollees per month during fiscal year 1983.

This publication describes the activities of the Maryland Medical Care Programs in fiscal year 1983 (July 1, 1982 through June 30, 1983). The first section of the narrative portion provides information on the Medical Assistance Advisory Committee, enrollment, providers, payments, services, management controls, and current trends in Medical Assistance Program expenditures. The Pharmacy Assistance Program is described in the second section of the narrative. Statistical tables on various Medical Assistance Program activities follow the narrative.

MARYLAND MEDICAL ASSISTANCE PROGRAM

MEDICAL ASSISTANCE ADVISORY COMMITTEE

The Medical Assistance Advisory Committee is composed of Medical Assistance recipients, other consumer representatives and health care providers. The Committee meets at least six times a year to provide information and counsel to the Medical Assistance Program.

Members of the Medical Assistance Advisory Committee for fiscal year 1983 are listed below according to the expiration date of their term of office.

July 1983

Lee Bernhardt
Peter Borchardt
Carmalyn Dorsey
Rose Goodman
Kathleen Grau, LCSW
Benjamin Kimbers, Jr., D.D.S.
Shirley Marcus
Peggy Plonk
Millie Tyssowski
Sheila Willett

July 1984

John Braxton, Jr., M.D.
Gloria Carpeneto
Dorothy Council
William Hankins
E. Jane Hanks
Joseph LaAsmar
Ethel Pace
Philip Piasecki
Sari Revkin
Melvin Rubin

July 1985

Joyce Boyd, M.D.
Mildred Bright
Richard Buck
Darrell Cammack, Jr.
Rev. Louis Foxwell, Jr.
Ronald Harris
James Harvey
Veronica Johnson
Harry Klinefelter, M.D.
Roberta Nevitt

One representative from the Department of Health and Mental Hygiene (DHMH) and one from the Department of Human Resources (DHR) serve as non-voting members of the Advisory Committee. Adele Wilzack, DHMH, and Gloria Washington, DHR, represented their respective agencies in fiscal year 1983.

ENROLLMENT

During fiscal year 1983, the Maryland Medical Assistance Program average monthly enrollment was 351,109 people, 8.2% of the state's population. Figure 1 displays the enrollment rate for each jurisdiction in the state. Enrollment rates ranged from 2.0% in Howard County to 24.4% in Baltimore City.

From fiscal year 1967, the first full year of operation for the Maryland Medical Assistance Program, through fiscal year 1973, the Program's enrollment increased at an average annual rate of over 8.5%. This upward trend was reversed during fiscal year 1974 when enrollment dropped by 4.1%. Enrollment rose again during fiscal year 1975 and the beginning of fiscal year 1976. A decline in enrollment began in the spring of 1976 and continued through fiscal year 1979, decreasing a total of 14.5% for the period. Enrollment increased again the next two fiscal years, before declining by 2.6% in fiscal year 1982 and by 0.9% in fiscal year 1983. (See Figure 2.)

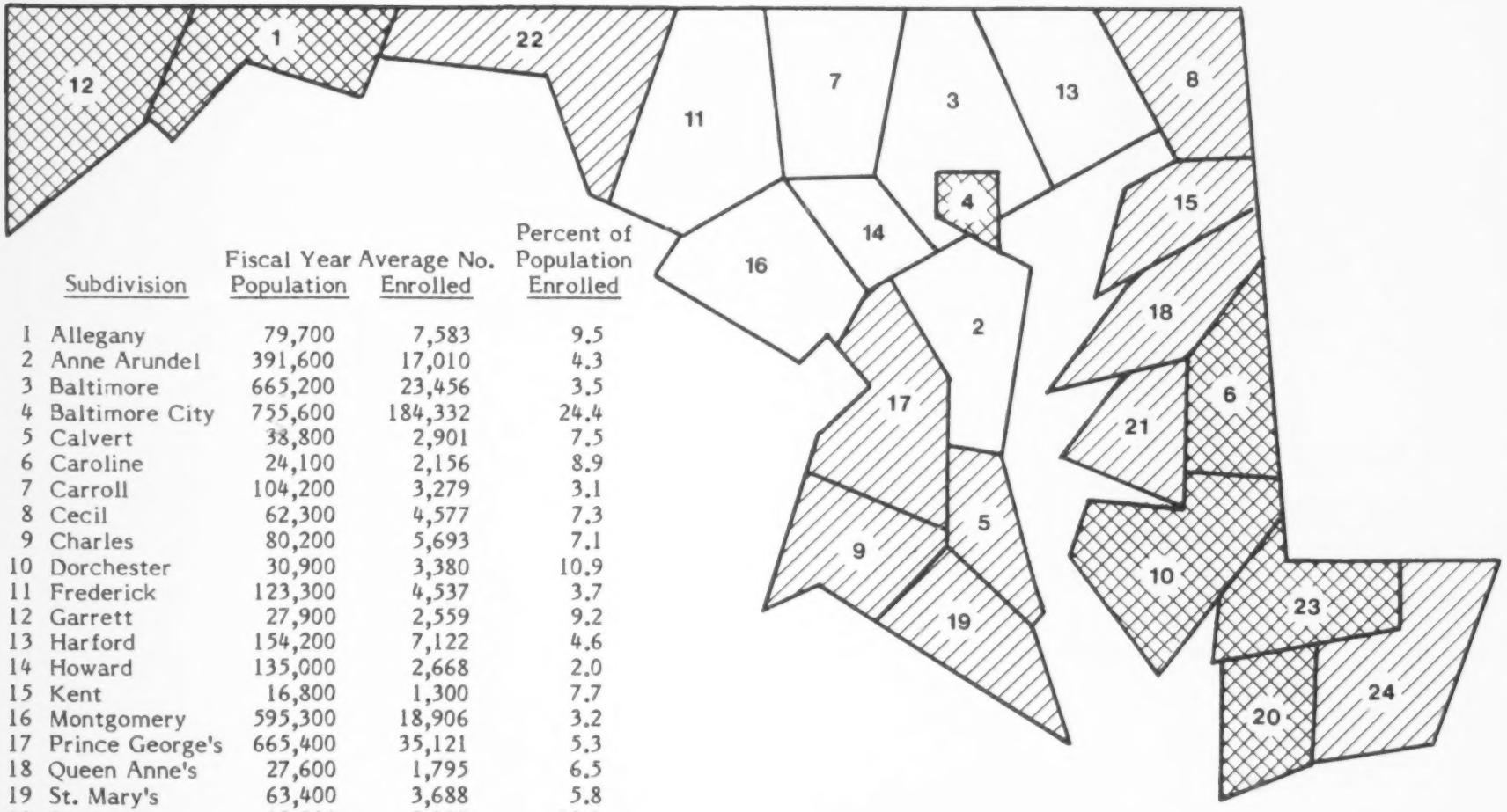
There are two major categories of enrollees in the Maryland Medical Assistance Program.* The **Categorically Indigent** are Medical Assistance enrollees who are eligible to receive cash payments under the Aid to Families with Dependent Children (AFDC) Program (Title IV-A of the Social Security Act), the Supplemental Security Income (SSI) Program (Title XI of the Social Security Act), or the General Public Assistance (GPA) Program (Article 88A, Section 65-A of the Annotated Code of Maryland). Federal matching funds are available to pay for the cost of health care provided to AFDC and SSI recipients but not for services provided to GPA recipients. Eligibility for SSI is established through the federal Social Security Administration and eligibility for AFDC and GPA is established through the state's local departments of social services. In fiscal year 1983, 82% of all enrollees were Categorically Indigent.

The **Medically Indigent** are those persons whose income and resources are sufficient to pay for basic living expenses but are inadequate to meet the cost of necessary health care. To receive Medical Assistance benefits, the Medically Indigent must meet the Program's income standards, resource limits, and other eligibility requirements which are established in accordance with federal regulations. In fiscal year 1983, 18% of all enrollees qualified as Medically Indigent. Federal matching funds are available for services provided to SSI and AFDC-related Medically Indigent.

*See Appendix A, Glossary of Terms, for definitions of eligibility categories.

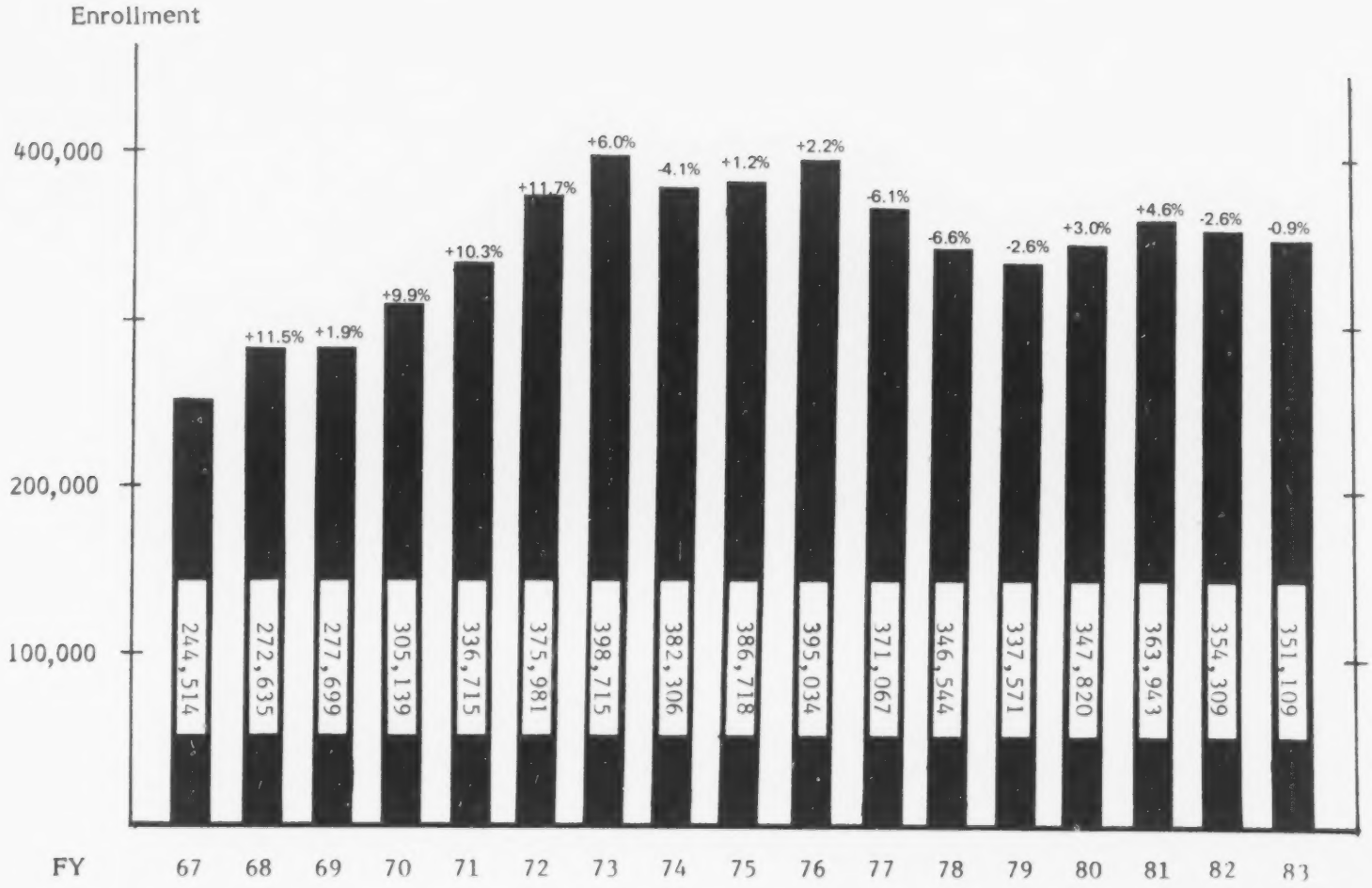
Figure 1

MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT BY POLITICAL SUBDIVISION
Fiscal Year 1983



	Subdivision	Fiscal Year Population	Average No. Enrolled	Percent of Population Enrolled
1	Allegany	79,700	7,583	9.5
2	Anne Arundel	391,600	17,010	4.3
3	Baltimore	665,200	23,456	3.5
4	Baltimore City	755,600	184,332	24.4
5	Calvert	38,800	2,901	7.5
6	Caroline	24,100	2,156	8.9
7	Carroll	104,200	3,279	3.1
8	Cecil	62,300	4,577	7.3
9	Charles	80,200	5,693	7.1
10	Dorchester	30,900	3,380	10.9
11	Frederick	123,300	4,537	3.7
12	Garrett	27,900	2,559	9.2
13	Harford	154,200	7,122	4.6
14	Howard	135,000	2,668	2.0
15	Kent	16,800	1,300	7.7
16	Montgomery	595,300	18,906	3.2
17	Prince George's	665,400	35,121	5.3
18	Queen Anne's	27,600	1,795	6.5
19	St. Mary's	63,400	3,688	5.8
20	Somerset	19,300	2,337	12.1
21	Talbot	26,100	1,610	6.2
22	Washington	115,700	6,863	5.9
23	Wicomico	67,400	5,962	8.8
24	Worcester	32,800	2,274	6.9
	The State	4,302,800	351,109	8.2

Figure 2
MARYLAND MEDICAL ASSISTANCE PROGRAM
AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1967-1983



Medical Assistance eligibility for the Medically Indigent is determined by the state's local departments of social services according to Maryland Medical Assistance Program regulations, guidelines and standards. It is based on the number of persons in the family unit, the family's net income (gross income less certain deductions and exclusions) and its resources. The net income and the resource standards for fiscal year 1983 are indicated below.

Family Size	Net Income Standards	Resource Standards
1	$3,200	$2,500
2	3,700	2,600
3	4,200	2,700
4	4,700	2,800
5	5,200	2,900
6	5,700	3,000
7	6,200	3,100
8	6,720	3,200
9	7,272	3,300
10	7,836	3,400
Each Additional Person	+ $576	+ $100

Most persons aged 65 years and older and many blind and disabled persons who are enrolled in the Medical Assistance Program also are entitled to Medicare benefits. For those enrolled in both Medicare and Medicaid, the Medical Assistance Program pays the premiums required for coverage under Medicare-Part B and the deductible and coinsurance portions of Medicare claims.

Enrollees who qualified for Medical Assistance through federally-matched eligibility categories accounted for 88.6% of total Program enrollment in fiscal year 1983. The remaining 11.4% qualified through 100% state-funded eligibility categories.

PROVIDERS

Approximately 8,900 Maryland health care providers received payments from the Maryland Medical Assistance Program in fiscal year 1983 for services rendered to eligible recipients. The list of Maryland providers includes 59 hospitals, 180 nursing facilities, 5 health maintenance organizations, 53 home health agencies, 16 medical day care providers, and approximately 4,400 physicians and physician groups, 1,300 dentists,

dental groups and clinics, 800 personal care providers, 700 pharmacies, and 1,400 special service providers. Providers must be approved by the Program in order to participate.

Each Medical Assistance enrollee may receive services from participating physicians, dentists, pharmacies, and other providers of his or her choice, or enroll in a health maintenance organization.

Over 7.3 million provider invoices were processed by the Program in fiscal year 1983. About 15% of these invoices were returned to providers for such reasons as recipient ineligibility or errors made in completing the invoices. The remaining 6.1 million invoices paid in fiscal year 1983 are identified by service type below.

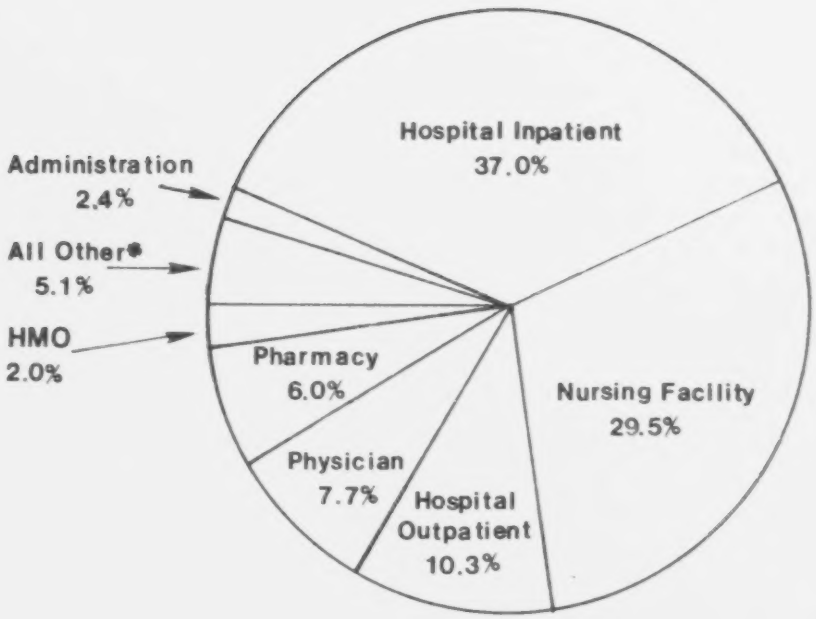
	Number of Paid Invoices
Pharmacy	2,961,904
Physician	1,495,225
Hospital Outpatient	905,893
Special Services	353,638
Dental	167,605
Hospital Inpatient	111,314
Nursing Facility	67,143*
Home Health	37,630
TOTAL	6,100,352

Ninety percent of all complete and accurate invoices are paid within 30 days of receipt by the Medical Assistance Program. The first two to three weeks are required to process the invoices and prepare vouchers. An additional week is required for submission of vouchers to the state Comptroller's Office and their processing and payment of the vouchers.

The Program works closely with liaison committees formed with providers of nursing home, pharmacy, dental, physician, podiatry and vision care services so that Program staff can explain policies and procedures and resolve problems.

*This figure represents five months of invoices under the new nursing home reimbursement system, effective January 1, 1983. It does not include invoices for the first seven months of the fiscal year submitted under the previous reimbursement system.

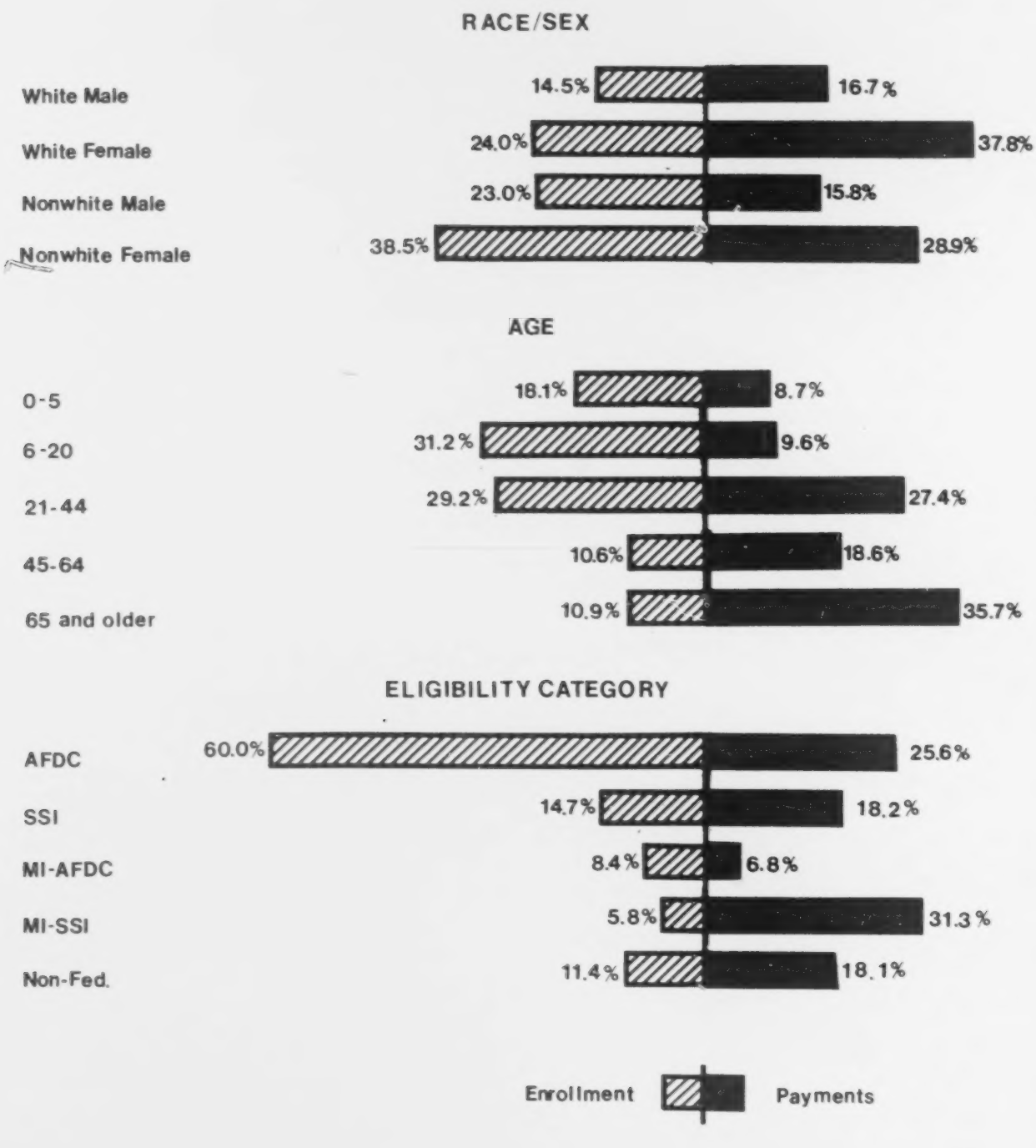
Figure 3
MARYLAND MEDICAL ASSISTANCE PROGRAM
TOTAL PAYMENTS
Fiscal Year 1983



Service	Payments
Hospital inpatient	$203,072,245
Nursing facility	161,764,484
Hospital outpatient	56,477,101
Physician	42,095,766
Pharmacy	33,153,476
Health maintenance organization (HMO)	10,939,057
All other services*	28,155,243
Administration	12,951,171
Total	$548,608,543

*Includes dental, home and community health, general transportation and special services; premiums paid for buy-in of Medicare Part B; and payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program.

Figure 4
MARYLAND MEDICAL ASSISTANCE PROGRAM
ENROLLMENT AND PAYMENTS BY SELECTED CHARACTERISTICS
Fiscal Year 1983



PAYMENTS

Total Medical Assistance Program expenditures in fiscal year 1983 were $548,608,543. Approximately 40.9% were federal funds and 59.1% were state funds.

Medical Care Programs' administrative costs for fiscal year 1983 were $12,951,171, approximately 2.4% of total Program costs. Total health care payments were $535,657,372. Figure 3 shows payments made in fiscal year 1983 by major service category. Nearly 77% of Program spending was for services provided by institutions. Payments to hospitals for inpatient and outpatient care represented 47.3% of Program spending, and care provided in nursing facilities accounted for 29.5%.

Due to data processing limitations, all data for Program expenditures cannot be merged into one computer file. Therefore, the tables at the end of this report, with the exception of Table 33, do not include data on the following services: premiums for buy-in of Medicare-Part B ($6,660,840); capitation payments for health maintenance organizations ($10,939,057); payments for general transportation services ($1,802,802); and payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program ($417,787). Table 33 presents data on this program. The tables detail the remaining $515,836,886 spent in fiscal year 1983 for services provided to Program recipients.

Figure 4 compares enrollees and payments by various characteristics. Females made up 62.5% of enrollment and accounted for 66.7% of expenditures. Although white enrollees represented 38.5% of the eligibles, they accounted for 54.5% of total payments in fiscal year 1983. Comparisons by age show that those under 21 years of age accounted for 49.3% of enrollees but only 18.3% of Program payments. Enrollees 65 years or older represented only 10.9% of the total eligibles, but accounted for 35.7% of total payments. Analysis by eligibility category shows that AFDC recipients represented 60.0% of all enrollees but accounted for just 27.5% of Program payments. The Medically Indigent aged, blind and disabled eligibles (MI-SSI) accounted for only 5.8% of enrollment but 30.5% of Program payments.

SERVICES

A broad range of services is offered to Maryland Medical Assistance Program enrollees. The federal government mandates that all state Medicaid programs provide hospital inpatient and outpatient services; physician and nurse midwife services; laboratory and X-ray services; skilled nursing facility services; home health care for adults; family planning services; early and periodic screening, diagnosis and treatment

services for children; transportation services; and rural health clinic services. The federal government also participates in funding the following optional services which Maryland provides: long-term intermediate nursing care; dental care; vision services; podiatry services; clinic services; pharmacy services; medical supplies and equipment; health maintenance organization services; medical day care; personal care; and other treatment services.

HOSPITAL SERVICES

Fiscal year 1983 was the sixth year of the "Medicare Experiment" under which the Maryland Medical Assistance Program, Medicare and other payers reimburse Maryland hospitals according to rates approved by the Maryland Health Services Cost Review Commission. These rates are prospectively determined and are constructed so that the Program assumes a portion of each hospital's bad debts based on Medicaid inpatient utilization. The Program participates in the experiment by means of a waiver granted by the Health Care Financing Administration (HCFA). At the end of fiscal year 1983, the waiver was extended until the promulgation of federal regulations for implementing 1983 amendments to the Social Security Act. These amendments will provide that waivers for states which have had prospective reimbursement demonstration projects in continuous operation be extended as long as they meet criteria specified in the federal regulations.

During fiscal year 1983, the Program increased its use of out-of-state rehabilitative hospitals for recipients who could not find similar services in Maryland. Most of the Medicaid patients placed in non-Maryland hospitals had been discharged from the Maryland Institute for Emergency Medical Services System's Shock Trauma Unit at the University of Maryland Hospital.

Two out-of-state hospitals were added to the list of Maryland hospitals exempted from the Program's twenty-day payment limitation on hospital inpatient stays: Washington (D.C.) Hospital Center for burn patients; and West Virginia University Hospital for neonatal patients.

By the end of fiscal year 1983 three hospitals were participating in the psychiatric day hospitalization program, an alternative to inpatient psychiatric care.

During fiscal year 1983, payments were made for approximately 540,000 days of inpatient care at a cost to the Program of $203.1 million. The average cost per day of $373.22 was 16.3% higher than the fiscal year 1982 average of $320.78. (See Table 18 for information detailed by hospital). The Program paid $56.0 million for approximately 685,000 hospital outpatient visits in fiscal year 1983. The average payment of $82.42 per

outpatient visit was 14.7% higher than the fiscal year 1982 average of $71.84 per visit. (See Table 20 for detailed information.)

NURSING FACILITY SERVICES

Nursing facility services are covered for medically and financially eligible recipients. A recipient must be certified by the Program's Utilization Control Agent as requiring either an intermediate or skilled level of nursing care. Services are available in hospital-based and free-standing nursing facilities. The reimbursement rates for care provided in each of the six hospital-based facilities are determined by the Health Services Cost Review Commission.

The overall reimbursement ceiling for nursing care provided in free-standing facilities provided during the first six months of fiscal year 1983 was $42.30 per day. This was a 3.4% increase over the fiscal year 1982 ceiling of $40.91.

A new reimbursement methodology for free-standing nursing facilities was implemented January 1, 1983. Under this methodology, separate reimbursement ceilings are set for four cost centers based on the size and geographic location of each nursing facility. These cost centers are: administrative/routine services; direct nursing services; other patient care; and capital facility investment. Payment for nursing care is based on the level of care required by each patient.

The new reimbursement system provides incentives not available under the former flat rate system for nursing facilities to accept patients requiring heavier care. The success of this incentive is partially reflected in the increased per diem cost from $29.88 for care provided during the first six months of the fiscal year under the flat rate system, to $33.83 for services provided after January 1.

The Program paid $161.7 million for 4.9 million days of nursing facility care in fiscal year 1983 compared to $139.9 million for 4.7 million days of care in fiscal year 1982. The average cost per patient day in fiscal year 1983 was $32.89, 10.8% higher than the fiscal year 1982 average of $29.69. Payments from patients' own resources in fiscal year 1983 accounted for an average of $10.73 per day, a 9.0% increase from the average of $9.84 in fiscal year 1982. (See Table 19 for detailed information.)

PHYSICIAN SERVICES

Physician services covered by the Maryland Medical Assistance Program are divided into two major categories: services rendered in the office, nursing home, home or free-standing clinic; and services provided in the hospital.

In a continuing effort to improve the quality and availability of maternity care for Medical Assistance patients, the Program implemented a revised reimbursement system and increased payments for these services. Replacing the previous method of payment of a single fee for the complete maternity care package, the Program now reimburses for each prenatal and postnatal visit, in addition to a separate delivery fee. The fee for delivery was increased to approximately the amount previously paid for complete maternity care.

Effective January 1983, the Program reimburses independently practicing certified nurse-midwives who provide care for uncomplicated cases and have agreements with physicians to assume care in cases that develop complications. By June 30, two nurse-midwives had requested approval to participate as Medicaid providers.

There are five types of free-standing clinics covered under the physician program: abortion, drug addiction, family planning, mental health, and rural health. During the second half of fiscal year 1983, thirty-eight local health department clinics, recommended for approval by the Mental Hygiene Administration, became Medical Assistance providers of mental health services.

Rural health clinics are certified by the Medicare Program. A basic requirement for certification is that the clinic is located in a medically underserved area. Maryland is required by federal law to reimburse these clinics at a single visit rate established by Blue Cross and Blue Shield of Western Pennsylvania (the Medicare intermediary for all rural health clinics in the northeastern states). As of June 30, 1983, three clinics located on the Eastern Shore had enrolled.

In fiscal year 1983, the Program paid a total of $42.1 million for services reimbursed under the physician program, 20.4% greater than fiscal year 1982 payments. The Program spent $21.2 million for about 800,000 home, office and nursing home visits in fiscal year 1983 as compared to $15.9 million for approximately 750,000 visits in fiscal year 1982. The cost per visit, including ancillary services and Medicare deductible and co-insurance, increased by 12.9%, from $23.38 in fiscal year 1982 to $26.40 in fiscal year 1983. Payments to clinics in fiscal year 1983 totaled $2.1 million. Payments for physician services provided in the hospital increased by 19.7%, from $17.5 million in fiscal year 1982 to $20.9 million in fiscal year 1983. (See Tables 21 through 24 for detailed information.)

PHARMACY SERVICES

Maryland Medical Assistance recipients may obtain prescription drugs and certain other items such as insulin, insulin syringes and needles, and family planning products when prescribed by a physician, dentist, or podiatrist. Recipients who qualify for Medicaid through a state-only eligibility category are responsible for a copayment of 50 cents for each prescription filled except for drugs or devices which are related to early and periodic screening, diagnosis and treatment (EPSDT) or family planning. Copayments are not required from recipients in federal eligibility categories.

To encourage the use of approved generic drug products, pharmacies and physicians are provided with a formulary of therapeutically equivalent drug products. The Program also maintains a list of drugs with maximum allowable cost (MAC) limits. This list, which contained forty-four price-controlled drugs in fiscal year 1983, is continually updated to reflect deletions and additions made by the Pharmaceutical Reimbursement Board of the Health Care Financing Administration. A list of less than effective drugs whose costs will not be reimbursed by the Program is circulated among pharmacy providers.

The Medical Assistance Program paid $33.2 million for 2.9 million prescriptions in fiscal year 1983, an average of $11.55 per prescription. This was an increase of 19.9% over the $9.63 average cost per prescription in fiscal year 1982. (See Tables 25 through 27 for detailed information.)

HEALTH MAINTENANCE ORGANIZATION SERVICES

Health maintenance organizations (HMOs) provide comprehensive health maintenance and treatment services to enrolled Medicaid eligibles for a fixed, prepaid monthly capitation fee. The HMO concept emphasizes the maintenance of health and preventive medical services rather than episodic care.

The Program contracted with five HMOs to provide medical services to enrollees during fiscal year 1983 at a total cost of $10.9 million. This represents an average monthly cost of $59.30 per person for the 15,382 average monthly enrollment in these plans.

DENTAL SERVICES

Comprehensive dental services are covered for all Medical Assistance recipients under twenty-one years of age. Recipients who are twenty-one years or older are eligible to receive emergency dental services and other specified services. Certain

dental procedures require preauthorization.

In fiscal year 1983, the dental program spent $5.8 million to provide services to nearly 90,000 Medical Assistance recipients. (See Tables 28 through 30 for detailed information.)

HOME AND COMMUNITY HEALTH SERVICES

Home and community health services are rendered by home health agencies, medical day care providers and personal care providers.

Reimburseable services provided by home health agencies include skilled nursing care, physical therapy services, medical social services, and home health aide services. Recipients of home health services must be homebound and under the care of a physician who orders the type, frequency and duration of services to be provided. Ten additional home health agencies began participating in the Program in fiscal year 1983, bringing the total number of participating agencies to fifty-three.

Medical day care services are provided to recipients whose physicians order the care and who are certified by the Program's Utilization Control Agent as requiring at least intermediate level nursing care. Medical day care recipients are transported to licensed day care centers where nursing and social work services, personal care, nutrition services, habilitation therapy, and activities are provided on an outpatient basis for up to five days a week. In fiscal year 1983, sixteen medical day care providers operated a total of twenty-three centers located in Baltimore City and six counties. St. Mary's and Washington counties began participating in fiscal year 1983.

The Program reimburses for personal care services provided to chronically ill or disabled recipients who are under the care of a physician and require assistance at home with activities of daily living. Services may be performed by a friend of the recipient and are monitored by a registered nurse. The objectives of the program are to prevent patient deterioration, to delay institutionalization, and to prevent inappropriate institutionalization.

Personal care services are provided in accordance with the needs of each patient. Generally, the services may include: basic assistance with dressing, grooming, toileting, self-administered medications, food, nutrition, and diet; assistance with transfer and ambulation; escort to medical services; and performance of incidental household services essential to the patient's health. Personal care does not cover home delivered meals, skilled services, nor services primarily for housekeeping.

Total payments to home and community health services providers were $4.7 million in fiscal year 1983. Home health agencies were paid $2.2 million for services provided to approximately 3,900 persons, an average of $564 per recipient. Medical day care providers were reimbursed a total of $1.1 million for rendering approximately 39,000 days of care to about 438 recipients. The Program paid an average of $29.53 per day and an average of $2,511 per recipient. Total payments for personal care services in fiscal year 1983 were $1.4 million for approximately 135,000 days of care provided to 1,117 recipients, an average of $1,253 per recipient. During fiscal year 1983, the daily rate paid to direct care providers of personal care was increased from $9 to $10. (See Table 31 for detailed information.)

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM

The early and periodic screening, diagnosis and treatment (EPSDT) program covers comprehensive health care services designed to detect and treat physical and mental health problems of Medical Assistance recipients under twenty-one years of age. Screening services, which are provided by the state's twenty-four local health departments, five health maintenance organizations, five children and youth clinics, physicians and other approved providers may include: a physical examination; laboratory tests; immunizations; hearing, vision, developmental, speech and language screening; a dental checkup; and various other procedures. Diagnostic and treatment services may be delivered by the screening provider or by another health care provider who participates in the Maryland Medical Assistance Program.

Federal regulations require the Program to assure the availability and delivery of EPSDT services within a specified period of time to all eligible recipients who request them. To increase the availability of EPSDT services throughout the State, the Program continues to recruit physicians in the private sector who will accept Medicaid patients. During fiscal year 1983, 163 offices and clinics, representing 208 physicians, participated as private EPSDT providers.

On August 1, 1982, the Program renewed its contract with a private health management corporation to inform eligible families of the value of preventive health services and to encourage their participation in the EPSDT program. These outreach activities are conducted in each local department of social services in the State. Also, the contractor is responsible for support services, case management activities, and invoice processing and reporting. The Department of Health and Mental Hygiene is responsible for recruiting and training EPSDT providers and monitoring the quality of care they render.

The Program paid for a total of 63,865 screenings in fiscal year 1983. Local health departments were reimbursed $417,787 for 20,767 screenings. (See Table 33.) Health maintenance organizations performed 3,929 complete screenings at a cost of $115,410. The five children and youth clinics in Baltimore City, which provided 19,211 screenings, were reimbursed $576,330. The remaining 19,958 screenings were provided by physicians and other private providers.

Effective January 1, 1983, services for hearing aid regulations were incorporated into the EPSDT regulations. Hearing-aid related services are available to children who have been identified through an EPSDT screen as having a suspected or definite hearing problem. Covered services include audiological evaluations, auditory brainstem response testing, hearing aid evaluations, hearing aids, and certain accessories. Providers must obtain preauthorization for some of the hearing aid services.

SPECIAL SERVICES

Disposable Medical Supplies and Durable Medical Equipment - The Program pays for the purchase of certain disposable medical supplies and the rental, purchase or repair of durable medical equipment. Preauthorization must be obtained for disposable medical supplies or durable medical equipment costing more than $40 or renting for more than $10 per month.

Medical Laboratory Services - The Program reimburses independent laboratories for procedures ordered by a physician, podiatrist or dentist. Laboratory services rendered by physicians in their offices for their own patients are reimbursed through the physician program. The Program reimburses laboratories for only those procedures which they have been certified to provide by Medicare.

Oxygen and Related Respiratory Equipment - The Program pays for liquid and gaseous oxygen systems, oxygen concentrators, and related respiratory equipment such as intermittent positive pressure breathing (IPPB) equipment in a patient's home or a nursing home. All of these items must be preauthorized.

Physical Therapy Services - The Program covers medically necessary physical therapy services ordered by a physician, podiatrist or dentist when provided in the recipient's home, therapist's office, or domiciliary care facility.

Podiatry Services - Surgical and emergency podiatry services and limited routine foot care provided in the recipient's home, podiatrist's office, or nursing home are covered by the Program. Reimbursement is available for surgery performed in a hospital, provided it is done in accordance with Program hospital regulations. Specified

surgical procedures are subject to post-operative review.

Transportation Services - There are two categories of transportation services available to enrollees. The ambulance and wheelchair van program covers non-emergency trips to and from hospitals by ambulance and wheelchair van. Some services, such as transportation for outpatient visits and trips exceeding 20 miles, must be preauthorized.

The general transportation program pays providers for the actual cost of transporting Medical Assistance recipients to and from health appointments by taxis, buses and mini-vans. Providers include local health departments, hospitals and community groups.

Vision Care Services - Examinations and eyeglass services rendered by optometrists and opticians are covered for recipients of all ages. Ophthalmologists are reimbursed through the physician program. Other diagnostic and treatment services also are available. Providers must obtain preauthorization for vision care services not covered under the Medicare program.

(For detailed information regarding each of the special services described above see Table 32.)

OTHER SERVICES

Community Placement Program - The community placement program (CPP) is a systematic approach to meeting the long-term health care needs of Medical Assistance enrollees. CPP services are provided to recipients who live in the community, have long-term care needs and are at risk of institutionalization, or who are candidates for discharge from nursing homes but require health services to return to the community. CPP services include a needs evaluation, the development of a plan of care, placement and follow-up. Baltimore City and Baltimore, Dorchester, Caroline and Queen Anne's counties received CPP grants in fiscal year 1983.

Geriatric Evaluation Services - The geriatric evaluation services (GES) program provides a multi-disciplinary assessment of the needs and resources of elderly persons considered for admission to a mental hospital or other long-term care facility. GES is managed by the Department of Health and Mental Hygiene's Administration for Services to the Chronically Ill and Aging and is provided through the state's local health departments. Under the program, health and social assessments of aged persons at risk of institutionalization are performed and assistance is provided to patients, physicians, and other care-givers to implement treatment recommendations. Calvert and Charles

counties started GES programs in fiscal year 1983 making GES available in every local health department in the state. Of the 5,148 evaluations and consultations made by GES teams in fiscal year 1983, 1,111 contacts (22%) were for Medical Assistance enrollees.

PROGRAM CONTROLS

In recent years the Program has been successful in implementing administative improvements which have resulted in significant cost savings. Savings generated by these efforts have become increasingly important as federal funding for Medicaid continues to be reduced.

MEDICAID QUALITY CONTROL

Each month the Program reviews a sample of Medical Assistance cases in order to identify erroneous payments due to eligibility determination errors, claims processing errors or failure to recover for third party liability.

On an annual basis, a corrective action plan is prepared which identifies, evaluates and recommends measures designed to reduce or eliminate errors in Program operations. The plan includes a timetable for completion of these measures, the delineation of responsibility for the measures, and a progress report on the improvements recommended in the previous year's corrective action plan. The corrective action plan for fiscal year 1983 recommended a revision of the regulations regarding Medical Assistance eligibility. On May 1, 1983 new eligibility regulations, which incorporate various recommendations of the plan, became effective.

RECOVERIES

The Maryland Medical Assistance Program recovers money spent on behalf of recipients from sources allowed by federal or state law. These sources include health insurance, tort liability (automobile and personal injury settlements), workmen's compensation, estates, paternity/child support and provider refunds. In fiscal year 1983 medical malpractice, lead paint poisoning liability, and the breach of public charge bonds required by the U.S. Immigration and Naturalization Service were added as sources of recoveries.

During the year, collections were $7.4 million. An additional savings of $33.2 million resulted from cost-avoidance activities.

PREAUTHORIZATION

As a utilization control measure, many services are reimbursed by the Program only if they have been preauthorized. These services include inpatient hospital services, cosmetic surgery and certain treatments for obesity. Also, many of the dental and vision care services covered by the Program require preauthorization. Durable medical equipment costing over $40, drugs costing over $50, oxygen equipment, and podiatry and hearing aid services also must be preauthorized.

FRAUD INVESTIGATIONS

The Maryland Medical Assistance Program investigates cases of suspected fraud by Medicaid recipients. Recipient fraud may result from the failure to report income or resources, the use of Medicaid cards by ineligible persons, or the forging of prescriptions. Referrals of possible fraud come from providers, local departments of social services, police, and citizens. Detection of possible fraud also results from internal reviews.

Listed below are details concerning the status and number of fraud investigations in fiscal year 1983.

Completed investigations	369
Referrals to the Office of the Attorney General	50
Successful prosecutions	30
Cases pending with the Office of the Attorney General	31
Cases pending at end of FY 1983	373
Recoveries	$98,168

Investigations for alleged provider fraud are the responsibility of the Medicaid Fraud Control Unit in the Office of the Attorney General.

ABUSE INVESTIGATIONS

Cases of possible abuse by providers are investigated by the Medical Assistance Program. A sample of provider invoices is reviewed to assure consistency with Program regulations and policies. A 100% prepayment review of hospital service invoices is performed to alidate the Utilization Control Agent's approvals for admission and length of stay and to verify that treatments rendered are covered services and appropriate for admitting diagnosis. In 1983, as a result of the review process, payments totaling $1,705,774 were denied and refunds of $14,871 were made to the Program.

Provider-specific review is conducted when abuse is suspected. Responses to requests for additional information or review of medical records may resolve the problem. If abuse is substantiated, the case is developed and referred to a peer review group or the Maryland Commission on Medical Discipline. Sanctions also may be imposed in accordance with Program regulations.

In order to assure that the Program pays only for those services received by enrollees, over 800 Explanations of Medical Benefits (EOMBs) are sent every month to Program recipients. Each EOMB lists the services paid on behalf of a recipient in the past month and requests confirmation that the services were received. If the services can not be verified by the recipient and the provider cannot provide an adequate explanation, the payment is recovered.

The Program also investigates cases of possible recipient abuse. During fiscal year 1983, a program to address cases of suspected recipient abuse was formalized by the promulgation of permanent regulations effective October 29, 1982. Computer-generated reports are used to identify recipients with payment histories suggesting abuse. These recipients are interviewed and counseled. If abuse continues, each recipient is restricted to the use of one primary provider for a six-month period. After the six months, the recipient's use of medical care is reviewed. Continued abuse will result in an additional one year restriction.

MEDICAID MANAGEMENT INFORMATION SYSTEM

The Maryland Medical Assistance Program has installed a complex computer-based Medicaid Management Information System (MMIS). This sophisticated, highly integrated claims processing system has the capability to reduce erroneous and duplicate payment of bills, provide efficient and accurate processing of invoices, assist the Program in its fraud and abuse activities, reduce possible waste in the Program, and produce utilization and management review reports.

PROGRAM TRENDS

Annual Program spending is a function of three variables: the number of enrollees; the utilization of services; and the cost per service. The relative contribution of these variables to total Program expenditures has fluctuated over time. The following tables present information on these variables for fiscal years 1979 through 1983. Table A displays average monthly enrollment. Table B shows total Program payments by major service category. The cost per unit of service by major service type is displayed in Table C, and Table D shows the number of units of service provided per enrollee year.

In fiscal year 1983, total Program expenditures increased by 15.3%, more than twice the increase in fiscal year 1982. However, for the third year in a row, the annual payments for acute general hospital services, the largest single service component, increased at a slower rate than total payments. The percentage of Program payments for acute general hospital inpatient services decreased from 35.2% in fiscal year 1982 to 33.7% in fiscal year 1983. This represents an 6.9% decrease from fiscal year 1980 when the proportion of total payments made to acute general hospitals peaked at 40.6%.

The increase of 10.4% in total payments for acute general hospital inpatient services in 1983 is due to the increase in unit cost. The number of inpatient days decreased by over 20,000 in fiscal year 1983. This decrease occurred despite the 15,000 additional days which became eligible for coverage with the 1982 amendments to hospital regulations which eliminated the 20-day limit for stays in Emergency Medical Services System centers.

Payments to nursing homes as a percentage of total payments were unchanged in fiscal year 1983 but have increased over the five year period from 27.2% in fiscal year 1979 to 31.4% in fiscal year 1983. The percent of payments for inpatient acute general hospital and nursing home services combined has decreased from 67.2% of total payments in fiscal year 1979 to 63.9% in fiscal year 1983.

Payments for pharmacy services continued to increase at an accelerating rate in fiscal year 1983, surpassing the record increase of 21.2% in 1982. This is largely due to a 19.9% increase in unit cost.

Another significant trend is the continued increase in payments for physician home and office services, which have experienced the most rapid rate of increase over the five-year period. The 18.3% increase in fiscal year 1983 is due to increases in both utilization

and unit cost. At the same time, spending for hospital outpatient services increased by 15.2% as a result of increased cost per unit of service. The number of physician visits per enrollee increased by 7.5% in fiscal year 1983, following a 14.0% increase in fiscal year 1982, the largest increase of any service in each year. During the same period hospital outpatient utilization has remained nearly constant. The result is that while there were 3.2% fewer physician visits than hospital outpatient visits in fiscal year 1981, there were 16.9% more in fiscal year 1983.

Table A

AVERAGE MONTHLY ENROLLMENT
Fiscal Years 1979-1983

FISCAL YEAR	AVERAGE MONTHLY ENROLLMENT	PERCENT CHANGE
1979	337,571	
1980	347,820	+3.0%
1981	363,943	+4.6%
1982	354,309	-2.6%
1983	351,109	-0.9%
Average Annual Percent Change FY's 79-83		+1.0%

Table B

PROGRAM PAYMENTS AND ANNUAL PERCENT CHANGE BY TYPE OF SERVICE
Fiscal Years 1979-1983

Fiscal Year	Acute General Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician In Hospital	Physician Home, Nursing Facility and Office	Pharmacy	Dental	Other[1]	Total
1979	$127,965,838	$87,233,510	$29,588,471	$9,494,367	$7,440,573	$15,872,172	$5,092,534	$37,519,369	$320,206,834
1980	158,115,084 (+23.6%)	103,213,195 (+18.3%)	36,006,676 (+21.7%)	11,885,283 (+25.2%)	8,918,761 (+19.9%)	18,119,414 (+14.2%)	6,622,081 (+30.0%)	46,415,637 (+23.7%)	389,296,131 (+21.6%)
1981	164,783,699 (+4.2%)	125,075,043 (+21.2%)	41,467,260 (+15.2%)	14,107,287 (+18.7%)	11,606,122 (+30.1%)	21,791,973 (+20.3%)	6,811,754 (+2.9%)	49,908,291 (+7.5%)	435,551,429 (+11.9%)
1982	163,528,350 (-0.8%)	139,896,935 (+11.8%)	46,440,190 (+12.0%)	15,034,272 (+6.6%)	14,345,873 (+23.6%)	26,408,324 (+21.2%)	5,909,092 (-13.2%)	53,137,294 (+6.5%)	464,700,330 (+6.7%)
1983	180,473,926 (+10.4%)	161,764,484 (+15.6%)	53,496,354 (+15.2%)	17,601,299 (+17.1%)	16,970,432 (+18.3%)	33,153,476 (+25.5%)	5,854,505 (-0.9%)	66,432,896 (+24.8%)	535,657,372 (+15.3%)
Average Annual Percent Change FY's 79-83	(+9.0%)	(+16.7%)	(+16.0%)	(+16.7%)	(+22.9%)	(+20.2%)	(+3.5%)	(+15.3%)	(+13.7%)

1 Includes payments to special hospitals; payments for clinic, home and community health, and special services; Medicare coinsurance and deductibles; premiums paid for Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; and payments for general transportation services.

Table C

COST PER UNIT OF SERVICE
Fiscal Years 1979-1983

Fiscal Year	Acute General Hospital Inpatient (Day)	Nursing Facility (Day)	Hospital Outpatient and ER (Visit)	Physician In Hospital (Service)	Physician Home, Nursing Facility, and Office (Visit)	Pharmacy (Invoice)	Dental (Service)
1979	$245.53	$22.85	$46.41	$14.52	$11.64	$6.80	$8.40
1980	269.89 (+9.9%)	24.29 (+6.3%)	51.50 (+11.0%)	14.76 (+1.6%)	12.67 (+8.8%)	7.42 (+9.1%)	10.58 (+26.0%)
1981	291.78 (+8.1%)	27.63 (+13.8%)	59.39 (+15.3%)	16.15 (+9.4%)	17.16 (+35.4%)	8.45 (+13.9%)	10.57 (-9.4%)
1982	339.55 (+16.4%)	29.69 (+7.4%)	68.06 (+14.6%)	16.89 (+4.6%)	19.12 (+11.4%)	9.63 (+14.0%)	9.86 (-6.7%)
1983	391.54 (+15.3%)	32.89 (+10.8%)	78.07 (+14.7%)	19.14 (+13.4%)	21.17 (+10.7%)	11.55 (+19.9%)	11.07 (+12.3%)
Average Annual Percent Change FY's 1979-1983	(+12.4%)	(+5.5%)	(+13.9%)	(+7.2%)	(+16.1%)	(+14.2%)	(+7.1%)

Table D

NUMBER OF UNITS OF SERVICE PER ENROLLEE YEAR
Fiscal Years 1979-1983

Fiscal Year	Acute General Hospital Inpatient (Day)	Nursing Facility (Day)	Hospital Outpatient and ER (Visit)	Physician In Hospital (Service)	Physician Home, Nursing Facility, and Office (Visit)	Pharmacy (Invoice)	Dental (Service)
1979	1.54	11.32	1.89	1.94	1.89	6.91	1.79
1980	1.68 (+9.1%)	12.22 (+8.0%)	2.01 (+6.3%)	2.32 (+19.6%)	2.02 (+6.9%)	7.02 (+1.6%)	1.80 (+0.6%)
1981	1.55 (-7.7%)	12.44 (+1.8%)	1.92 (-4.5%)	2.40 (+3.4%)	1.86 (-7.9%)	7.08 (+0.8%)	1.77 (-1.7%)
1982	1.36 (-12.3%)	13.30 (+6.9%)	1.93 (0.5%)	2.51 (+4.6%)	2.12 (+14.0%)	7.74 (+9.3%)	1.69 (-4.5%)
1983	1.31 (-3.7%)	14.01 (+5.3%)	1.95 (+1.0%)	2.62 (+4.4%)	2.28 (+7.5%)	8.18 (+5.7%)	1.51 (-10.6%)
Average Annual Percent Change FY's 1979-1983	(-2.0%)	(+5.5%)	(+0.8%)	(+7.8%)	(+4.8%)	(+4.3%)	(-4.2%)

MARYLAND PHARMACY ASSISTANCE PROGRAM

Eligibility for the Pharmacy Assistance Program is based on the financial resources available to the family unit. As a result of the passage of Senate Bill 124 by the 1982 General Assembly, the maximum allowable fiscal year 1983 income levels were increased by 7.4%. This law also allows the Program to increase its income levels each year by the annual Social Security cost-of-living percentage increase, not to exceed 8%. The resource standards for the Pharmacy Assistance Program are the same as those for the Maryland Medical Assistance Program. The following chart shows the gross income and resource standards effective during fiscal year 1983.

Family Size	Gross Income Standards	Resource Standards
1	$4,950	$2,500
2	5,500	2,600
3	6,000	2,700
4	6,550	2,800
5	7,100	2,900
Each Additional Person	+ $550	+ $100

An average of 10,761 people per month were enrolled in fiscal year 1983. The Program paid $2,710,740 for 208,311 prescriptions, an average of $13.01 per prescription. Recipients are responsible for a $1 copayment for each prescription.

This is the only section of this publication in which information on the Pharmacy Assistance Program appears. All other information in this report is for the Maryland Medical Assistance Program only.

TABLES

The following tables, prepared by the Maryland Center for Health Statistics, give further details on the operations and activities of the Maryland Medical Assistance Program. Tables 1 through 17 describe Program payments, enrollees, recipients and services provided by eligibility category, residence and selected demographic characteris.ics. Tables 18 through 33 provide detailed information about specific services. Table 34 provides a summary of selected Program data over a five year period.

Program regulations allow providers to submit claims as late as twelve months after the date a service is provided. Since the statistics in the following tables are based on the date payment is made, rather than the date service is provided, the statistics represent some services provided in the previous fiscal year.

Because many services for persons aged 65 years and older or disabled persons are partially funded by the federal Medicare program, the number of services provided and the payments made through the Maryland Medical Assistance Program for these persons do not represent all of the health care services they receive. Tables 1 through 17 reflect only the health care services for those aged 65 and over which were paid for by the Medical Assistance Program.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE I. AVERAGE NUMBER OF ENROLLEES BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1983

RESIDENCE OF ENROLLEE	All Categories	ELIGIBILITY CATEGORY[1]													
		Federally Matched Categorically Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND 1[2]	SA
Total State	351,109	17,539	365	32,689	96	210,781	16,145	17	4,137	5,682	17,789	5,845	24,965	14,518	541
Baltimore City	184,332	7,303	265	16,102	53	122,238	4,727	5	1,454	2,686	5,298	1,718	17,097	5,184	202
Total Counties	166,777	10,236	100	16,587	43	88,543	11,418	12	2,683	2,996	12,491	4,127	7,868	9,334	339
Allegany	7,583	331	9	818	1	3,692	614	0	145	41	810	360	168	588	6
Anne Arundel	17,010	741	5	1,740	1	9,725	886	1	270	355	1,202	426	783	863	12
Baltimore	23,456	1,173	2	2,654	4	12,465	2,377	1	454	447	1,113	463	1,239	1,014	50
Calvert	2,901	156	2	265	1	1,535	138	1	56	48	328	110	100	152	9
Caroline	2,156	249	0	262	1	1,086	135	0	30	27	161	47	61	86	11
Carroll	3,279	248	3	352	0	1,367	315	0	69	106	336	91	130	253	9
Cecil	4,577	161	0	319	1	2,405	206	2	57	68	662	214	115	367	0
Charles	5,693	260	4	459	2	2,998	190	1	72	103	754	191	168	479	12
Dorchester	3,380	449	3	333	*	1,652	242	0	28	61	243	64	101	186	18
Frederick	4,537	284	1	522	0	2,059	401	0	97	116	439	113	141	334	30
Garrett	2,559	178	2	281	4	942	185	0	44	27	437	87	43	325	4
Harford	7,122	314	6	688	0	4,181	352	2	99	94	540	256	214	360	16
Howard	2,668	183	2	302	0	874	237	0	78	77	392	187	67	264	5
Kent	1,300	160	3	104	0	563	106	0	32	8	140	25	27	127	5
Montgomery	18,906	1,710	21	1,765	6	8,673	1,594	1	303	430	766	255	2,565	771	46
Prince George's	35,121	1,428	17	3,116	12	22,595	1,478	0	455	602	1,937	570	1,326	1,526	59
Queen Anne's	1,795	157	1	150	0	965	149	*	40	32	114	22	56	109	0
St. Mary's	3,688	348	3	372	2	2,119	139	0	42	56	257	64	94	183	9
Somerset	2,337	331	1	245	0	948	200	0	34	22	250	81	32	181	12
Talbot	1,610	187	2	206	0	640	156	0	30	34	145	24	33	152	1
Washington	6,863	427	6	824	4	2,802	647	*	125	140	894	292	132	550	20
Wicomico	5,962	450	5	594	4	3,263	485	2	86	76	375	122	223	276	1
Worcester	2,274	311	2	216	0	994	186	1	37	26	196	63	50	188	4

[1] See Appendix A, Glossary of Terms for definitions of eligibility categories.

* Less than 1.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 2. PAYMENTS BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1983

ELIGIBILITY CATEGORY[1]	TYPE OF SERVICE								
	All Services[2]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
All Categories	$515,836,886	$203,072,245	$161,764,484	$56,477,101	$42,095,766	$33,153,476	$5,854,505	$4,702,493	$8,716,816
Federally Matched Categorically Indigent	225,995,045	106,517,850	24,510,227	37,734,799	25,520,529	18,843,298	4,229,863	3,382,328	5,256,151
OAA	30,644,875	5,769,199	16,190,004	1,079,514	2,072,456	3,697,268	41,644	1,223,984	570,806
PANB	520,341	155,048	140,065	53,565	47,729	64,111	2,533	38,118	19,172
APTD	62,498,688	31,689,115	8,513,021	7,416,127	4,919,318	6,562,258	224,995	1,869,797	1,664,057
EP	147,403	73,126	0	38,550	13,110	18,987	252	1,345	2,033
AFDC	132,183,738	68,831,362	27,137	29,147,043	18,467,916	8,500,674	3,960,439	249,084	3,000,083
Federally Matched Medically Indigent	196,323,842	36,050,133	136,382,618	5,033,238	6,943,540	8,534,780	918,705	714,079	1,746,749
MAO	141,389,342	5,776,441	125,038,351	596,981	2,394,122	6,223,636	27,688	385,814	946,309
MAB	97,840	12,770	69,353	1,359	4,202	4,493	69	4,736	658
MAD	19,865,431	5,768,111	11,233,423	539,219	651,746	1,133,330	17,614	257,300	264,688
MAFC	3,121,458	1,788,128	15,298	513,974	408,610	146,173	167,005	3,598	78,672
MAC	22,209,235	16,105,568	14,023	2,290,375	2,322,541	530,950	635,205	27,683	282,890
MAR	9,640,536	6,599,115	12,170	1,091,130	1,162,319	496,198	71,124	34,948	173,532
Non-Federally Matched	93,453,199	60,504,260	806,842	13,709,064	9,631,696	5,775,399	705,936	606,086	1,713,916
GPA	44,288,883	26,453,061	28,896	7,974,854	4,736,882	3,496,095	362,950	265,004	971,141
STND I	48,927,652	33,931,498	77,946	5,686,000	4,861,142	2,266,366	329,260	341,082	734,358
SA	236,664	119,701	0	48,210	33,672	12,938	13,726	0	8,417
Adjustments	64,799		64,799						

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or general transportation services.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 3. PAYMENTS FOR SERVICES BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1983

		ELIGIBILITY CATEGORY[1]													
		Federally Matched Categorically Indigent					Federally Matched Medically Indigent						Non Federally Matched		
RESIDENCE OF ENROLLEE	All Categories[2]	OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND I	SA
Total State	515,836,886	30,644,876	520,341	62,498,688	147,403	132,183,738	141,389,342	97,841	19,865,431	3,121,458	22,209,235	9,640,536	44,288,883	48,927,652	236,664
Baltimore City	241,116,555	13,501,614	288,492	35,493,883	97,160	53,490,448	44,153,754	18,145	7,412,557	1,395,204	6,872,125	2,741,990	30,493,937	19,077,605	79,642
Total Counties	275,575,992	17,143,262	231,849	27,004,806	50,243	53,582,433	97,236,283	79,696	12,452,874	1,726,254	15,337,110	6,898,547	13,794,946	29,880,667	157,022
Allegany	12,516,162	796,961	29,077	1,239,990	4	2,149,270	5,398,042	815	682,567	26,766	654,517	363,428	257,070	917,438	220
Anne Arundel	27,022,481	1,227,638	6,628	2,937,892	522	5,717,749	7,578,196	13,337	1,369,500	234,996	2,045,520	771,598	1,870,736	3,239,359	8,809
Baltimore	48,617,179	1,970,120	-556	4,133,392	2,486	7,438,359	22,826,249	1,135	2,600,355	273,969	1,434,683	893,926	2,293,901	4,724,080	25,080
Calvert	4,369,985	326,650	1,582	342,700	0	1,095,285	946,372	12,691	265,038	13,670	281,076	468,396	234,520	379,973	2,032
Caroline	3,343,664	326,226	0	309,929	3,982	669,984	1,050,019	0	108,213	14,545	381,177	66,747	179,221	230,372	3,249
Carroll	6,135,716	538,068	19,500	407,021	0	741,855	2,712,264	0	392,075	42,550	278,134	104,379	284,363	615,507	0
Cecil	6,177,470	354,188	0	546,299	509	1,534,714	1,522,783	75	168,691	39,915	850,849	265,588	220,408	673,450	0
Charles	7,235,154	573,769	19,087	780,495	6,059	1,877,686	1,228,000	10,887	280,436	32,459	633,820	233,665	319,561	1,236,785	2,446
Dorchester	5,513,925	453,477	7,462	578,253	182	1,022,599	1,926,435	0	355,070	70,021	300,383	120,212	271,483	404,881	3,467
Frederick	8,105,753	645,635	1,687	655,002	0	1,100,682	3,471,909	0	405,615	134,369	474,361	115,241	315,740	762,200	3,314
Garrett	4,147,966	366,244	1,127	506,223	12,806	550,073	1,644,177	0	168,924	16,024	260,788	110,876	72,115	439,448	140
Harford	11,098,913	614,217	5,368	1,264,557	0	2,668,428	3,188,128	12,446	448,518	46,004	839,906	362,925	427,227	1,213,633	7,557
Howard	5,620,997	237,243	127	627,003	0	673,006	1,793,142	0	369,561	43,514	487,912	267,692	145,293	975,291	1,213
Kent	2,121,633	171,236	5,706	135,784	0	511,481	754,618	0	82,677	6,851	80,985	39,843	64,674	267,116	662
Montgomery	33,377,267	2,544,910	44,667	2,727,626	10,164	5,468,522	13,976,766	1,951	1,140,374	188,742	956,708	456,973	2,910,207	2,914,806	34,851
Prince George's	51,399,854	2,744,453	31,848	6,227,827	6,216	14,031,991	11,861,751	0	2,093,532	321,264	2,957,779	1,393,952	2,737,705	6,936,042	55,493
Queen Anne's	2,806,377	171,576	109	171,452	0	595,137	1,056,784	10,942	141,428	11,319	279,199	15,055	68,804	284,571	0
St. Mary's	4,944,278	522,899	1,637	547,277	4,918	1,242,157	1,146,737	0	164,399	21,268	353,962	86,539	217,353	632,333	2,800
Somerset	3,846,301	471,216	380	255,417	0	455,330	1,454,541	0	85,629	10,250	411,975	115,874	110,330	474,642	718
	2,632,622	176,786	358	199,700	0	337,788	1,111,443	-	111,508	7,533	165,015	33,123	48,009	441,150	208
Washington	11,878,766	730,143	44,116	1,039,031	1,665	1,547,823	5,716,386	77	490,758	107,673	567,080	304,938	286,546	1,040,254	2,277
Wicomico	8,822,250	715,814	10,870	1,065,435	1,730	1,711,510	3,355,499	9,371	391,177	19,014	378,861	203,687	360,686	598,147	450
Worcester	3,841,277	463,793	1,069	306,504	0	441,003	1,516,041	5,969	136,829	23,540	262,418	103,890	98,994	479,189	2,036
Recoveries	(920,459)					(889,144)	-695							-30,620	
Adjustments	64,799														

1 See Appendix A, Glossary of Terms, for definitions of eligibility categories.

2 Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 4. PAYMENTS FOR SERVICES BY RESIDENCE OF ENROLLEE AND TYPE OF SERVICE: FISCAL YEAR 1983

RESIDENCE OF ENROLLEE	TYPE OF SERVICE								
	All Services[1]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
Total State	$515,836,886	$203,072,245	$161,764,484	$56,477,101	$42,095,766	$33,153,476	$5,854,505	$4,702,493	$8,716,816
Baltimore City	241,116,555	107,328,140	54,884,588	36,889,051	17,141,091	15,038,684	2,725,390	2,243,676	4,865,936
Total Counties	275,575,990	96,378,806	106,809,449	19,594,677	25,125,433	18,171,720	3,166,276	2,466,318	3,863,313
Allegany	12,516,162	3,189,509	6,001,339	951,686	957,399	917,867	151,352	233,149	113,862
Anne Arundel	27,022,481	11,075,822	8,599,197	1,693,480	2,746,504	1,756,894	359,341	282,256	508,988
Baltimore	48,617,179	14,551,216	23,469,338	3,049,915	3,215,420	2,963,007	408,035	278,631	681,617
Calvert	4,369,985	1,864,553	1,216,393	322,891	560,017	264,503	59,708	15,320	66,601
Caroline	3,343,664	1,233,473	1,239,430	187,128	325,107	261,951	36,359	23,819	36,399
Carroll	6,135,716	1,640,394	3,093,527	238,001	522,473	472,973	71,971	11,606	84,771
Cecil	6,177,470	2,507,512	1,727,792	558,949	657,809	513,332	97,022	31,305	83,749
Charles	7,235,154	3,221,964	1,717,944	689,753	871,558	495,938	119,598	22,459	95,940
Dorchester	5,513,925	2,092,183	1,961,850	365,982	503,800	389,488	85,662	39,659	75,300
Frederick	8,105,753	2,260,788	3,931,416	336,121	702,401	580,322	66,743	118,372	109,591
Garrett	4,147,966	1,050,881	2,043,043	270,830	337,531	335,434	50,312	19,697	40,238
Harford	11,098,913	4,186,613	3,600,445	864,860	1,118,673	846,582	192,161	141,535	148,044
Howard	5,620,997	2,478,421	1,850,942	272,073	505,572	330,162	41,668	51,404	90,756
Kent	2,121,633	739,825	794,918	143,509	216,790	176,413	20,704	7,020	22,454
Montgomery	33,377,267	9,845,309	14,844,949	2,309,171	3,169,715	2,079,479	359,549	311,031	458,063
Prince George's	51,399,854	23,184,308	13,767,588	4,812,067	5,280,756	2,807,781	552,515	234,063	760,775
Queen Anne's	2,806,377	924,571	1,148,470	175,166	268,520	234,806	26,711	724	27,409
St. Mary's	4,944,278	2,077,027	1,507,091	370,376	499,079	325,568	94,840	22,157	48,139
Somerset	3,846,301	1,214,271	1,563,556	229,812	349,298	298,222	40,057	104,121	46,964
Talbot	2,632,622	774,148	1,186,770	184,449	237,670	198,038	20,110	9,160	22,277
Washington	11,878,766	2,778,811	6,123,695	632,622	988,395	961,609	139,337	84,926	169,371
Wicomico	8,822,250	2,411,013	3,659,365	758,360	733,281	668,959	136,984	329,749	124,539
Worcester	3,841,277	1,076,194	1,760,391	177,476	357,665	292,392	35,537	94,155	47,466
Recoveries	($1,051,802)	($ 634,701)	($ 125,694)	($ 6,628)	($ 170,759)	($ 56,929)	($ 37,159)	($ 7,503)	($ 12,431)
Advances to Nursing Facilities	$ 196,143		$ 196,143						

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 5. AVERAGE PAYMENT PER ENROLLEE BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1983

ELIGIBILITY CATEGORY[1]	TYPE OF SERVICE								
	All Services[2]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
All Categories	$1,469	$ 578	$ 461	$161	$120	$ 94	$17	$ 13	$25
Federally Matched Categorically Indigent	864	407	94	144	98	72	16	13	20
OAA	1,747	329	923	62	118	211	2	70	33
PANB	1,426	425	384	147	131	176	7	104	53
APTD	1,912	969	249	227	150	201	7	57	51
EP	1,535	762	0	402	137	198	3	14	21
AFDC	627	327	0	138	88	40	19	1	14
Federally Matched Medically Indigent	3,957	727	2,749	101	140	172	19	14	35
MAO	8,757	358	7,745	37	148	385	2	24	59
MAB	5,755	751	4,080	92	247	264	4	279	39
MAD	4,802	1,394	2,715	130	158	274	4	62	64
MAFC	549	315	3	90	72	26	29	1	14
MAC	1,248	905	1	129	131	30	36	2	16
MAR	1,649	1,129	2	187	199	85	12	6	30
Non-Federally Matched	2,335	1,512	20	343	241	144	18	15	43
GPA	1,774	1,060	1	319	190	140	15	11	39
STND I	3,370	2,337	54	392	335	156	23	23	51
SA	437	221	0	89	62	24	25	0	16

[1] See Appendix A, Glossary of Terms, for definitions of eligibility categories.

[2] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 6. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND ELIGIBILITY CATEGORY: FISCAL YEAR 1983

RESIDENCE OF ENROLLEE	ELIGIBILITY CATEGORY[1]														
	All Categories[2]	Federally Matched Categorically Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND 1	SA
Total State	$1,469	$1,747	$1,426	$1,912	$1,535	$ 627	$8,757	$ 5,755	$4,802	$ 549	$1,248	$1,649	$1,774	$3,370	$ 437
Baltimore City	1,308	1,849	1,089	2,204	1,833	650	9,341	3,629	5,098	519	1,297	1,596	1,784	3,680	394
Total Counties	1,652	1,675	2,318	1,628	1,168	1,246	8,516	6,641	4,641	576	1,228	1,672	1,753	3,201	463
Allegany	1,651	2,408	3,231	1,516	4	582	8,792	0	4,707	653	808	1,010	1,530	1,560	37
Anne Arundel	1,589	1,657	1,326	1,688	522	588	8,553	13,337	5,072	662	1,702	1,811	2,389	3,754	734
Baltimore	2,073	1,680	-278	1,557	622	597	9,603	1,135	5,728	613	1,289	1,931	1,851	4,659	502
Calvert	1,506	2,094	791	1,293	0	714	6,858	12,691	4,733	285	857	4,258	2,345	2,500	226
Caroline	1,551	1,310	0	1,183	3,982	617	7,778	0	3,607	539	2,368	1,420	2,938	2,679	295
Carroll	1,871	2,170	6,500	1,156	0	543	8,610	0	5,682	401	828	1,147	2,187	2,433	0
Cecil	1,350	2,200	0	1,713	509	638	7,392	35	2,959	587	1,285	1,241	1,917	1,835	0
Charles	1,271	2,207	4,772	1,700	3,030	626	6,463	10,887	3,895	315	841	3,651	1,902	2,582	204
Dorchester	1,631	1,010	2,487	1,736	0	619	7,690	0	12,681	1,148	1,236	1,878	2,688	2,177	193
Frederick	1,787	2,273	1,687	1,255	0	535	8,658	0	4,182	1,331	1,081	1,020	2,239	2,282	110
Garrett	1,621	2,058	564	1,802	2,952	584	8,887	0	3,839	593	597	1,274	1,677	1,352	35
Harford	1,558	1,956	895	1,838	0	638	9,057	6,223	4,530	489	1,555	1,418	1,996	3,371	472
Howard	2,107	1,296	64	2,076	0	770	7,566	0	4,738	565	1,245	1,432	2,169	3,694	243
Kent	1,632	1,070	1,902	1,306	0	908	7,119	0	2,584	856	578	1,594	2,395	2,013	132
Montgomery	1,765	1,488	2,127	1,545	1,694	631	8,768	1,951	3,764	439	1,249	1,792	1,135	3,781	758
Prince George's	1,464	1,922	1,873	1,999	518	621	8,026	0	4,601	534	1,526	2,446	2,065	4,545	941
Queen Anne's	1,563	1,093	109	1,143	0	617	7,093	-	3,536	354	2,449	684	1,229	2,611	0
St. Mary's	1,341	1,503	546	1,471	2,459	587	8,250	0	3,914	380	1,377	1,352	2,312	3,455	311
Somerset	1,646	1,424	380	1,043	0	480	7,273	0	2,518	466	1,648	1,431	3,448	2,622	60
Talbot	1,635	945	179	969	0	528	7,125	0	3,717	222	1,138	1,380	1,455	2,902	208
Washington	1,731	1,710	7,353	1,261	416	552	8,835	-	3,926	769	634	1,044	217	1,891	114
Wicomico	1,480	1,591	2,174	1,794	432	525	6,919	4,686	4,549	250	1,010	1,670	1,617	2,167	450
Worcester	1,689	1,491	534	1,419	0	444	8,151	5,969	161	905	1,339	1,649	1,980	2,549	509

1 See Appendix A, Glossary of Terms for definitions of eligibility categories.

2 Does not include premiums paid for buy-in of Part B Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 7. AVERAGE PAYMENT PER ENROLLEE BY RESIDENCE OF ENROLLEE AND SERVICE TYPE: FISCAL YEAR 1983

RESIDENCE OF ENROLLEE	TYPE OF SERVICE								
	All Services[1]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
Total State	$1,469	$578	$461	$161	$120	$ 94	$17	$13	$25
Baltimore City	1,308	582	298	200	93	82	15	12	26
Total Counties	1,652	578	640	117	151	109	19	15	23
Allegany	1,651	421	791	126	126	121	20	31	15
Anne Arundel	1,589	651	506	100	161	103	21	17	30
Baltimore	2,073	620	1,001	130	137	126	17	12	29
Calvert	1,506	643	419	1,111	193	91	21	5	23
Caroline	1,551	572	575	87	151	121	17	11	17
Carroll	1,871	500	943	73	159	144	22	4	26
Cecil	1,350	548	377	122	144	112	21	7	18
Charles	1,271	566	302	121	153	87	21	4	17
Dorchester	1,631	619	580	108	149	115	25	12	22
Frederick	1,787	498	867	74	155	128	15	26	24
Garrett	1,621	411	798	106	132	131	20	8	16
Harford	1,558	588	506	121	157	119	27	20	21
Howard	2,107	929	694	102	189	124	16	19	34
Kent	1,632	569	611	110	167	136	16	5	17
Montgomery	1,765	521	785	122	168	110	19	16	24
Prince George's	1,464	660	392	137	150	80	16	7	22
Queen Anne's	1,563	515	640	98	150	131	15	0	15
St. Mary's	1,341	563	409	100	135	88	26	6	13
Somerset	1,646	520	669	98	149	128	17	45	20
Talbot	1,635	481	737	115	148	123	12	6	14
Washington	1,731	405	892	92	144	140	20	12	25
Wicomico	1,480	404	614	127	123	112	23	55	21
Worcester	1,689	473	774	78	157	129	16	41	21

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 8. NUMBER OF RECIPIENTS OF SERVICES BY ELIGIBILITY CATEGORY AND TYPE OF SERVICE: FISCAL YEAR 1983

ELIGIBILITY CATEGORY[1]	TYPE OF SERVICE								
	One Or More Type Of Service[2]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
All Recipients	386,623	67,451	18,430	221,037	300,978	276,176	89,815	3,944	143,935
Federally Matched Categorically Indigent	264,022	39,838	2,771	160,523	207,163	193,297	68,599	2,798	96,442
OAA	16,374	4,784	1,891	8,447	13,486	14,229	922	887	7,627
PANB	305	70	12	199	229	261	45	28	121
APTD	28,933	7,101	825	18,652	23,701	24,309	4,555	1,366	13,181
EP	84	23	1	60	65	77	6	513	39
AFDC	218,326	27,860	42	133,165	169,682	154,421	63,071	4	75,474
Federally Matched Medically Indigent	63,523	14,027	15,567	27,363	48,290	42,369	11,439	584	26,244
MAO	21,031	5,134	14,338	6,830	16,343	17,222	686	289	13,011
MAB	19	8	6	8	18	15	2	1	9
MAD	4,549	1,425	1,217	2,170	3,479	3,169	331	176	2,342
MAFC	5,079	488	1	2,532	4,060	2,874	2,057	12	1,485
MAC	24,843	4,809	2	11,721	18,283	13,857	7,203	64	6,249
MAR	8,002	2,163	3	4,102	6,107	5,232	1,160	42	3,148
Non-Federally Matched	59,078	13,586	92	33,151	45,525	40,510	9,777	562	21,249
GPA	31,871	6,559	22	19,831	25,893	24,791	6,235	334	13,483
STND I	26,825	7,004	70	13,158	19,363	15,514	3,350	228	7,673
SA	382	23	0	162	269	205	192	0	93

[1] See Appendix A., Glossary of Terms, for definitions of eligibility categories.

[2] Does not include recipients of buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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TABLE 9. NUMBER OF RECIPIENTS OF SERVICES BY RESIDENCE OF RECIPIENT AND ELIGIBILITY CATEGORY: FISCAL YEAR 1983

RESIDENCE OF RECIPIENT	ELIGIBILITY CATEGORY[1]														
	All Categories[2]	Federally Matched Categorically Indigent					Federally Matched Medically Indigent						Non-Federally Matched		
		OAA	PANB	APTD	EP	AFDC	MAO	MAB	MAD	MAFC	MAC	MAR	GPA	STND 1	SA
Total State	386,623	16,374	305	28,933	84	218,326	21,031	19	4,549	5,079	24,843	8,002	31,871	26,825	382
Baltimore City	189,216	6,647	213	14,224	41	118,390	6,111	4	1,547	2,088	6,891	2,108	21,061	9,735	156
Total Counties	197,407	9,727	92	14,709	43	99,936	14,920	15	3,002	2,991	17,952	5,894	10,810	17,090	226
Allegany	9,012	339	9	783	1	4,262	791	0	162	47	1,099	452	221	844	2
Anne Arundel	20,586	752	4	1,580	1	11,137	1,212	1	301	360	1,823	642	1,146	1,617	10
Baltimore	27,864	1,080	2	2,230	4	14,407	3,100	2	455	486	1,567	687	1,624	2,183	37
Calvert	3,462	151	2	244	0	1,698	191	1	70	43	483	169	131	268	11
Caroline	2,707	247	0	261	1	1,324	180	0	31	33	279	80	85	185	1
Carroll	4,250	248	2	328	0	1,776	433	0	82	107	500	119	235	420	0
Cecil	5,844	170	0	309	1	3,001	280	1	71	69	913	293	169	567	0
Charles	6,273	244	4	427	2	3,046	250	2	77	97	951	223	212	728	10
Dorchester	4,174	450	4	345	1	2,022	281	0	43	64	377	102	141	333	11
Frederick	5,668	250	1	492	0	2,480	530	0	111	112	664	156	246	603	23
Garrett	3,095	160	2	266	5	1,187	245	0	51	33	561	114	69	401	1
Harford	9,003	303	6	643	0	5,119	482	1	115	101	784	370	337	729	13
Howard	3,490	181	2	278	0	1,138	316	0	98	83	578	263	84	468	1
Kent	1,682	162	2	92	0	693	142	0	37	14	212	42	53	229	4
Montgomery	21,367	1,449	18	1,394	5	9,512	2,054	2	317	384	1,091	354	3,222	1,342	23
Prince George's	39,366	1,310	15	2,534	12	23,656	1,963	0	507	544	2,880	865	1,871	3,171	38
Queen Anne's	2,275	163	1	145	0	1,231	197	1	43	34	140	22	95	203	0
St. Mary's	4,099	340	4	351	2	2,209	184	0	47	69	368	88	132	299	6
Somerset	2,971	337	1	243	0	1,136	251	0	47	22	411	124	63	329	7
Talbot	2,038	190	2	210	0	794	193	0	37	35	233	45	58	240	1
Washington	8,248	438	4	756	4	3,318	816	1	147	154	1,194	377	196	830	13
Wicomico	7,037	448	6	575	4	3,620	600	2	103	69	535	186	316	563	10
Worcester	2,896	315	1	223	0	1,170	229	1	50	31	309	121	104	338	4

[1] See Appendix A, Glossary of Terms for definitions of eligibility categories.

[2] Does not include recipients of buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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TABLE 10. NUMBER OF RECIPIENTS OF SERVICES BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1983

RESIDENCE OF RECIPIENT	TYPE OF SERVICE								
	One or More Type of Service [1]	Hospital Inpatient	Nursing Facility	Hospital Outpatient	Physician	Pharmacy	Dental	Home and Community Health	Special Services
Total State	386,623	67,451	18,430	221,037	300,978	276,176	89,815	3,944	143,935
Baltimore City	189,216	31,067	5,725	125,971	139,563	133,944	45,924	1,948	75,028
Total Counties	197,407	36,384	12,705	95,066	161,415	142,232	43,891	1,996	68,907
Allegany	9,012	1,892	735	5,992	6,925	6,954	2,328	140	2,371
Anne Arundel	20,586	3,775	1,020	8,725	17,575	15,032	4,902	201	7,996
Baltimore	27,864	4,619	2,795	13,203	22,532	20,376	6,428	221	10,813
Calvert	3,462	755	147	1,588	2,945	2,581	786	21	1,249
Caroline	2,707	516	166	1,306	2,319	2,048	587	22	768
Carroll	4,250	677	387	1,566	3,625	3,249	1,024	18	1,568
Cecil	5,844	1,194	218	3,341	5,046	4,440	1,356	31	1,643
Charles	6,273	1,127	175	3,349	5,104	4,444	1,460	40	2,172
Dorchester	4,174	874	228	2,245	3,545	3,179	1,073	43	1,420
Frederick	5,668	962	456	2,197	4,889	4,170	1,033	79	1,990
Garrett	3,095	624	232	1,773	2,460	2,323	676	22	735
Harford	9,003	1,658	387	4,520	7,438	6,733	2,527	114	2,979
Howard	3,490	756	234	1,336	2,945	2,442	660	59	1,507
Kent	1,682	373	100	903	1,453	1,256	386	12	448
Montgomery	21,367	3,553	1,755	9,195	18,135	14,953	4,052	228	7,555
Prince George's	39,366	7,605	1,574	18,156	30,386	26,538	7,720	320	13,875
Queen Anne's	2,275	473	165	1,034	1,966	1,744	485	4	618
St. Mary's	4,099	790	166	2,027	3,283	2,897	1,097	31	1,240
Somerset	2,971	521	173	1,432	2,605	2,227	586	85	1,117
Talbot	2,038	418	176	1,125	1,690	1,489	385	10	496
Washington	8,248	1,458	732	4,336	7,039	6,120	1,893	68	2,891
Wicomico	7,037	1,217	482	4,543	5,064	4,923	1,866	169	2,461
Worcester	2,896	547	202	1,174	2,446	2,114	581	58	995

[1] Does not include recipients of buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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TABLE 11. NUMBER OF SELECTED SERVICES BY RESIDENCE OF RECIPIENT: FISCAL YEAR 1983

RESIDENCE OF RECIPIENT	UNITS OF SERVICE								
	General Hospital Inpatient Discharges	General Hospital Inpatient Days	Nursing Facility Days	Outpatient Department Visits	Emergency Room Visits	Physician Home & Office Visits	Pharmacy Invoices	Dental Services	Home and Community Health Services
Total State	69,949	460,049	4,918,876	471,857	213,371	801,482	2,871,480	528,921	231,246
Baltimore City	32,878	219,789	1,546,291	402,893	112,248	323,953	1,258,924	250,194	107,309
Total Counties	37,071	240,260	3,372,585	68,964	101,123	477,529	1,612,556	278,727	123,937
Allegany	2,050	11,668	200,038	399	12,014	17,445	88,691	13,509	13,144
Anne Arundel	3,778	24,893	269,577	6,477	9,961	55,167	152,975	31,957	12,116
Baltimore	4,391	31,226	742,347	24,710	10,986	60,160	251,522	37,185	14,962
Calvert	739	4,366	38,256	491	1,127	10,923	23,991	4,720	946
Caroline	544	3,203	38,495	121	1,292	7,320	25,066	3,277	1,515
Carroll	615	3,530	102,021	652	1,134	10,792	41,266	6,966	432
Cecil	1,327	6,950	57,750	488	3,462	17,384	46,520	8,622	1,392
Charles	1,146	6,974	46,619	474	3,541	14,770	41,708	10,414	1,074
Dorchester	849	5,518	60,954	198	1,923	11,037	41,604	7,023	3,376
Frederick	1,022	6,686	125,585	312	2,553	13,847	51,468	6,443	4,281
Garrett	647	3,251	62,023	231	2,107	7,208	31,365	4,476	705
Harford	1,751	11,174	108,892	2,214	4,556	24,523	75,804	15,989	6,014
Howard	776	5,560	58,070	720	1,349	8,204	27,108	3,696	2,023
Kent	352	2,112	24,630	26	708	4,154	16,545	1,840	419
Montgomery	3,732	26,358	472,120	8,416	9,071	59,260	184,279	29,766	12,830
Prince George's	8,058	55,574	413,521	16,457	19,571	95,871	247,491	48,748	10,472
Queen Anne's	466	2,699	37,103	126	978	6,184	21,283	2,509	15
St. Mary's	844	5,118	40,381	473	1,854	9,284	26,917	8,173	775
Somerset	467	2,894	48,046	293	942	4,983	27,313	3,579	9,670
Talbot	389	2,373	39,192	95	1,344	5,045	17,801	1,842	788
Washington	1,410	7,859	206,286	276	5,606	18,676	86,160	12,430	3,784
Wicomico	1,175	6,977	126,866	4,867	4,463	9,260	58,991	12,311	17,973
Worcester	523	3,297	53,813	448	581	6,032	26,688	3,252	5,231

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TABLE 12. PAYMENTS FOR SERVICES BY RACE, SEX AND AGE OF RECIPIENT: FISCAL YEAR 1983

RACE AND SEX OF RECIPIENT	AGE OF RECIPIENT					
	All Ages	Under 6	6 - 20	21 - 44	45 - 64	Over 64
Total Payments[1,2]	$515,836,886	$44,884,118	$49,622,831	$141,381,870	$95,718,067	$184,230,000
White	280,916,815	16,648,787	20,630,118	59,777,484	46,119,416	137,741,010
Male	86,088,174	8,798,298	8,595,209	22,056,694	17,813,780	28,824,193
Female	194,828,641	7,850,489	12,034,909	37,720,790	28,305,636	108,916,817
Non-White	230,935,641	27,851,188	28,524,057	80,438,364	48,821,896	45,300,136
Male	81,688,124	13,910,939	10,443,900	23,422,000	19,366,630	14,544,655
Female	149,247,517	13,940,249	18,080,157	57,016,364	29,455,266	30,755,481

1 All payment figures exclude premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; and payments for general transportation services.

2 Payments totalling $3,984,430 for persons of unknown race and sex are included in figures in top row.

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TABLE 13. AVERAGE NUMBER OF ENROLLEES AND AVERAGE PAYMENT PER ENROLLEE BY RACE, SEX AND AGE: FISCAL YEAR 1983

RACE AND SEX OF ENROLLEE	AGE OF ENROLLEE					
	All Ages	Under 6	6 - 20	21 - 44	45 - 64	Over 64
Total Enrollees	351,109	63,443	109,705	102,584	37,253	38,124
White	135,444	21,824	36,147	39,911	15,766	21,796
Male	51,068	10,949	17,047	12,344	5,557	5,171
Female	84,376	10,875	19,100	27,567	10,209	16,625
Non-White	215,665	41,619	73,558	62,673	21,487	16,328
Male	80,599	20,583	34,105	13,865	7,336	4,710
Female	135,066	21,036	39,453	48,808	14,151	11,618
Average Payment[1]	$1,469	$707	$452	$1,378	$2,569	$4,832
White	2,074	763	571	1,498	2,925	6,320
Male	1,686	804	504	1,787	3,206	5,574
Female	2,309	722	630	1,368	2,773	6,551
Non-White	1,071	669	388	1,283	2,272	2,774
Male	1,014	676	306	1,689	2,640	3,088
Female	1,105	663	458	1,168	2,081	2,647

1 All payment figures exclude premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; and payments for general transportation services.

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TABLE 14. NUMBER OF RECIPIENTS AND AVERAGE PAYMENT PER RECIPIENT BY AGE, RACE AND SEX: FISCAL YEAR 1983

RACE AND SEX OF RECIPIENT	AGE OF RECIPIENT					
	All Ages	Under 6	6 - 20	21 - 44	45 - 64	Over 64
Total Recipients	386,623	67,733	110,479	121,199	43,643	43,569
White	162,734	25,561	41,344	49,936	19,416	26,477
Male	60,467	12,687	18,915	15,385	7,092	6,388
Female	102,267	12,874	22,429	34,551	12,324	20,089
Non-White	219,231	41,642	68,102	70,035	23,674	15,778
Male	81,192	20,224	30,465	17,361	8,446	4,696
Female	138,039	21,418	37,637	52,674	15,228	11,082
Average Payment[1,2]	$1,334	$663	$449	$1,167	$2,193	$4,228
White	1,726	651	499	1,197	2,375	5,202
Male	1,424	693	454	1,434	2,512	4,512
Female	1,905	610	537	1,092	2,297	5,422
Non-White	1,053	669	419	1,149	2,062	2,871
Male	1,006	688	343	1,349	2,293	3,097
Female	1,081	651	480	1,082	1,934	2,775

[1] Total Recipients and Average Payment rows include data for 4,658 persons of unknown race or sex.

[2] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 15. PAYMENTS BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1983

		AGE OF RECIPIENT				
TYPE OF SERVICE	All Ages	Under 6	6-20	21-44	45-64	Over 64
Total Payments[1]	$515,836,886	$44,884,118	$49,622,831	$141,381,870	$95,718,067	$184,230,000
Hospital Inpatient	203,072,245	29,178,541	24,653,148	82,721,920	50,234,777	16,283,859
Nursing Facility Care	161,764,484	6,854	22,795	3,079,146	14,066,944	144,588,745
Hospital Outpatient	56,477,101	7,910,666	10,446,632	25,286,453	10,285,102	2,548,248
Physician	42,095,766	5,224,593	6,729,982	16,440,527	8,368,036	5,332,628
Pharmacy	33,153,476	1,557,608	2,702,240	8,682,115	8,724,570	11,486,943
Dental	5,854,505	404,321	3,528,842	1,638,835	229,326	53,181
Home & Community Health	4,702,493	92,903	96,782	817,670	1,562,316	2,132,822
Special Services	8,716,816	508,632	1,442,410	2,715,204	2,246,996	1,803,574

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 16. NUMBER OF RECIPIENTS OF SERVICES BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1983

		AGE OF RECIPIENT				
TYPE OF SERVICE	All Ages	Under 6	6-20	21-44	45-64	Over 64
One or More Types of Service[1]	386,623	67,733	110,479	121,199	43,643	43,569
Hospital Inpatient	67,451	7,943	9,791	27,107	11,059	11,551
Nursing Facility Care	18,430	3	4	275	1,460	16,688
Hospital Outpatient	221,037	42,334	57,571	76,103	26,434	18,595
Physician	300,978	52,596	79,529	97,694	36,431	34,728
Pharmacy	276,176	46,306	65,578	91,458	36,317	36,517
Dental	89,815	8,283	47,254	27,353	4,888	2,037
Home & Community Health	3,944	257	142	640	1,422	1,483
Special Services	143,935	14,296	34,725	50,141	21,294	23,479

1 Does not include buy-in of Part B of Medicare; health maintenance organization services; early and periodic screening, diagnosis and treatment services provided in local health departments; or general transportation services.

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TABLE 17. AVERAGE PAYMENT PER RECIPIENT OF SERVICES BY TYPE OF SERVICE AND AGE OF RECIPIENT: FISCAL YEAR 1983

		AGE OF RECIPIENT				
TYPE OF SERVICE	All Ages	Under 6	6-20	21-44	45-64	Over 64
Total - All Services[1]	$1,334	$ 663	$ 449	$ 1,167	$2,193	$4,228
Hospital Inpatient	3,011	3,673	2,518	3,052	4,542	1,410
Nursing Facility Care	8,777	2,285	5,699	11,197	9,635	8,664
Hospital Outpatient	256	187	181	332	389	137
Physician	140	99	85	168	230	154
Pharmacy	120	34	41	95	240	315
Dental	65	49	75	60	47	26
Home & Community Health	1,192	361	682	1,278	1,099	1,438
Special Services	61	36	42	54	106	77

[1] Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

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TABLE 18. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1983

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS[1]	
	Discharges	Days	Total	Per Diem
GRAND TOTAL	74,132	544,107	$203,072,245	$373.22
GENERAL HOSPITALS	69,949	460,049	$182,621,869	$396.96
Baltimore City	37,688	260,583	$118,581,647	$455.06
Baltimore City Hospitals	2,642	19,097	8,382,605	438.95
Bon Secours	1,389	10,182	3,843,423	377.47
Church Hospital	1,045	7,569	2,879,858	380.48
Good Samaritan	161	1,376	345,800	251.31
Johns Hopkins	8,116	59,951	29,181,130	486.75
Lutheran	1,276	9,529	3,898,384	409.11
Maryland General	1,936	11,075	4,986,397	450.24
Mercy	1,962	11,320	4,745,311	419.20
North Charles General	869	8,191	2,706,084	330.37
Provident	2,417	17,379	6,288,147	361.82
St. Agnes	1,964	11,419	4,666,194	408.63
Sinai	2,394	14,995	6,965,456	464.52
South Baltimore General	2,370	13,753	4,398,492	319.82
Union Memorial	2,056	11,559	5,015,410	433.90
University of Maryland	6,325	47,525	28,802,013	606.04
Wyman Park Health System	766	5,663	1,476,943	260.81
Counties	29,767	178,914	$55,944,410	$312.69
Anne Arundel General	773	4,256	1,252,908	294.39
Baltimore County General	283	2,348	771,006	328.37
Calvert Memorial	778	3,871	1,092,175	282.14
Carroll County General	316	1,740	452,437	260.02
Clinton Community	174	700	250,566	357.95
Doctors' Hospital of P.G. County	323	2,279	890,713	390.84
Dorchester General, Cambridge	705	3,678	915,092	248.80
Edward McCready Memorial	162	790	261,764	331.35
Eugene Leland Memorial	485	4,229	1,121,628	265.22
Fallston General	413	2,931	819,966	279.76
Franklin Square	1,572	10,084	3,459,602	343.08
Frederick Memorial	743	4,286	944,257	220.31
Frostburg Community (Miner's)	108	676	54,317	80.35

[1] Grand total includes direct third party recoveries and Medicare deductibles and coinsurance, individual hospital entries and subtotals do not.

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TABLE 18. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1983 (Continued)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
Counties (continued)				
Garrett County Memorial	401	1,789	$ 515,497	$288.15
Greater Baltimore Medical Center	885	4,506	1,645,865	365.26
Greater Laurel, Beltsville	526	4,360	1,222,289	280.34
Harford Memorial	1,074	5,425	1,410,059	259.92
Holy Cross	913	5,950	2,126,584	357.41
Howard County General	601	3,609	1,251,240	346.70
Kent & Queen Anne's General	530	2,813	713,414	253.61
Memorial, Cumberland	971	5,184	1,349,493	260.32
Memorial Hospital at Easton	1,095	5,539	1,440,234	260.02
Montgomery General	792	5,583	1,611,282	288.61
North Arundel	983	6,490	1,748,485	269.41
Peninsula General	1,858	10,654	2,931,025	275.11
Physicians' Memorial	684	3,429	1,136,103	331.32
Prince George's General	3,822	25,256	9,942,112	393.65
Sacred Heart	1,044	6,093	1,339,077	219.77
St. Joseph's	746	4,680	1,624,882	347.20
St. Mary's	536	2,389	742,004	310.59
Shady Grove Adventist	716	3,762	1,534,776	407.97
Southern Maryland	1,100	7,392	2,473,730	334.65
Suburban	395	3,643	1,146,538	314.72
Union of Cecil	907	4,185	1,216,791	290.75
Washington County	1,282	7,062	2,039,816	288.84
Washington Adventist	1,071	7,253	2,496,683	344.23
Washington D. C.	1,742	12,105	$6,330,478	$522.96
Capitol Hill	13	83	$ 30,960	$373.01
Columbia	8	66	42,481	643.65
D. C. General	7	23	9,886	429.83
Georgetown University	186	2,041	872,054	427.27
George Washington University			(1,782)	
Greater Southeast Community	997	6,272	3,371,715	537.58
Hadley Memorial	49	386	135,814	351.85
Howard University	27	137	90,181	658.26
Providence	157	816	413,554	506.81
Sibley Memorial	53	411	129,500	315.09
Washington Hospital Center	245	1,870	1,236,115	661.02
Other Out of State	752	8,447	$1,765,334	$208.99

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TABLE 18. HOSPITAL INPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1983 (Continued)

LOCATION AND NAME OF HOSPITAL	SERVICES		PAYMENTS	
	Discharges	Days	Total	Per Diem
CHRONIC HOSPITALS	2,848	67,765	$10,526,322	$155.34
Baltimore City (Chronic)	439	12,171	1,408,616	115.74
Children's Hospital (Chronic)	29	963	137,748	143.04
Good Samaritan Hospital (Special)	120	2,011	593,201	294.98
John Deaton	955	21,491	2,480,493	115.42
Keswick	24	624	27,242	43.66
Levindale	401	9,402	1,031,945	109.76
Mt. Washington Ped. Hos.(Chronic)	667	15,782	4,317,480	273.57
Prince George's Hospital ECF	213	5,321	529,597	99.53
SPECIALTY FACILITIES	1,179	15,409	$6,899,778	$447.78
Children's Hospital	160	965	$433,458	$449.18
Childrens Hospital - DC	336	2,330	2,059,538	883.92
Hospital for Sick Children - DC	138	3,841	724,611	188.65
James Kernan	202	1,780	473,935	266.26
John F. Kennedy Institute	222	4,995	2,221,925	444.83
Johns Hopkins Oncology Center	98	927	881,144	950.53
Mt. Washington Pediatric Hospital	14	361	53,205	147.38
National Orthopedic - DC	9	210	51,962	247.44
KIDNEY DISEASE PROGRAM	156	884	$493,135	$557.85
DIRECT THIRD PARTY RECOVERIES			($2,641,078)	
MEDICARE-DEDUCTIBLE AND COINSURANCE			$5,172,219	

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1983

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	PAYMENTS
GRAND TOTAL - ALL FACILITIES	195	4,918,876	$161,764,484
HOSPITAL BASED FACILITIES	6	239,469	$ 14,264,924
Baltimore City	4	207,072	$ 12,282,766
Baltimore City Nursing Facility		55,400	3,133,624
John L. Deaton Nursing Home		46,603	3,108,531
Keswick		28,138	1,188,582
Levindale Home		76,931	4,852,028
Prince George's County	1	28,242	1,613,192
Prince George's Nursing Center		28,242	1,613,192
Talbot County	1	4,155	368,966
Memorial Hospital Easton Nursing Facility		4,155	368,966
FREE STANDING FACILITIES	186	4,627,075	$147,120,441
Baltimore City	40	1,231,452	$ 41,072,677
Ardleigh Nursing Home		11,017	326,497
Ashburton Nursing Home		13,130	475,261
Belair Convalesarium		66,605	2,303,041
Blancaflor Nursing Home		17,307	613,917
Caton Manor Nursing Center		53,041	1,513,221
Century Home		28,201	1,048,027
Crawford Retreat		7,622	244,727
Dukeland Nursing Home - Queen Manor		36,137	1,264,061
Edgewood Nursing Home		25,319	786,022
Federal Hill Nursing Center		113,319	3,727,046
Friedlers Guest House		11,203	380,324
Garden Village		29,009	951,050
Garrison Nursing Home		7,049	255,873
Granada Nursing Home		39,087	1,280,224
Greater Pennsylvania Avenue Nursing Center		43,515	1,565,919

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1983 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	PAYMENTS
Baltimore City (Continued)			
Greenwood Acres Nursing Home		7,802	293,381
Hamilton Nursing Center		20,085	662,770
Harford Gardens Convalescent Center		20,812	705,074
Haven Nursing Home		7,279	250,205
Hayes Care Home		3,776	96,900
House in the Pines - Bel Air		8	166
House in the Pines - Belvedere		110	2,579
Jenkins Memorial		35,230	1,074,697
Jewish Convalescent & Nursing Home		16,835	499,636
Kenesaw Nursing Home		9,432	295,764
Kenson Nursing Home		12,831	496,544
Key Circle Hospice		38,935	1,217,477
Lafayette Square Nursing Center		93,515	3,241,027
Lake Drive Nursing Home		17,211	583,255
Lincoln Convalescent Center		80,712	2,870,084
Long Green Nursing Center		7,676	193,934
Maryland Baptist Aged Home		11,902	443,038
Melchor Nursing Home		16,816	572,705
Midtown Home		49,268	1,671,788
Mt. Sinai Nursing Home		20,737	682,596
Pall Mall Nursing Home		11,790	427,805
Pimlico Manor		55,517	1,907,003
Pleasant Manor Nursing Home		39,541	1,163,599
Poplar Manor Nursing Home		49,780	1,687,977
Seton Hill Manor		102,291	3,297,443
Allegany County	5	157,549	$ 4,677,158
Allegany County Nursing Home		52,773	1,581,668
Cumberland Villa Nursing Center		22,468	525,229
Egle Nursing Home		7,746	235,119
Frostburg Villa Nursing Home of Allegany County		49,732	1,548,783
Lions Manor Nursing Home		24,830	786,359

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS BY FACILITY: FISCAL YEAR 1983 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	PAYMENTS
Anne Arundel County	12	240,899	$ 7,704,598
Annapolis Convalescent Center		7,569	240,707
Bay Manor Nursing Home		24,830	915,183
Cooper Convalsecent Home		0	-240
Crofton Convalescent Center		23,130	766,152
Fairfield Nursing Center		24,840	735,145
Hammonds Lane Nursing Center		18,441	535,585
Knollwood Manor		30,340	1,003,884
Maryland Manor of Glen Burnie		30,715	900,302
Meridian Nursing Center - Severna Park		8,409	301,202
North Arundel Nursing and Convalescent Center		18,393	541,523
Plaza Manor Convalescent Home		34,825	1,012,773
Pleasant Living Convalescent Center		19,407	752,382
Baltimore County	35	925,190	$ 28,054,355
Armacost Nursing Home		12,464	431,010
Augsburg Lutheran Home		18,970	617,195
Bent Nursing Home		18,275	623,525
Chapel Hill Convalescent Home		13,374	395,611
Dulaney Towson Nursing Home		15,497	486,518
Forest Haven Nursing Home		58,038	1,524,604
Frederick Villa Nursing Center		19,904	541,196
Garrison Valley Center		26,893	878,652
Heritage Nursing Center		40,153	1,231,813
Holly Hill Manor		1,003	36,929
Hurwitz House		7,287	185,989
Inglenook Nursing Home		21,921	740,525
Ivy Hall Nursing & Convalescent Home		6,545	199,424
Jewish Convalescent & Nursing Home		44,773	1,454,864
Katherine Robb Nursing Home		3,298	104,133
Little Sisters of the Poor		27,100	766,524
Manor Care - Rossville		39,658	1,047,360
Manor Care - Ruxton		32,160	939,198
Manor Care - Towson		15,609	463,369
MD Health Care Association - T/A Perring Pkwy.		22,805	630,295
Meridian Health Care - Catonsville		29,957	893,782
Milford Manor Nursing Home		14,377	419,191
Old Court Nursing Home		40,794	1,118,423
Perring Parkway Nursing Home		0	-74
Pickersgill		21,072	615,471
Pikesville Convalescent Home		41,849	1,314,188

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1983 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	PAYMENTS
Baltimore County (Continued)			
Meridian Nursing Center - Randallstown		56,804	1,656,568
Ridgeway Manor		16,280	553,601
Riverview Nursing Centre		76,613	2,576,715
St. Joseph's Nursing Home		6,505	207,580
Shady Nook Nursing Home		11,509	364,840
Stella Maris Hospice		74,352	2,246,507
Summit Nursing Home		10,068	270,151
Valley Nursing & Convalescent Center		48,043	1,564,192
Valley View Nursing Home		31,240	954,486
Calvert County	3	31,881	$ 1,008,472
Calvert County Nursing Center		19,679	628,034
Calvert House		11,346	346,615
Wesleyan Health Care Center		856	33,823
Caroline County	1	14,690	$ 428,867
Caroline Nursing Home		14,690	428,867
Carroll County	6	109,501	$ 3,435,441
Carroll Lutheran Villa Home Care Center		7,890	221,480
Golden Age Guest Home		6,968	234,333
Long View Nursing Home		10,177	322,805
Pleasant View Nursing Home #2		37,104	1,304,623
Sykesville Eldercare Center		17,400	550,544
Westminster Villa Nursing Center		29,962	801,656
Cecil County	3	54,955	$ 1,673,013
Calvert Manor Nursing Home		10,310	281,598
Devine Haven Convalescent Home		10,131	280,936
Laurelwood Nursing Center		34,514	1,110,479
Charles County	1	25,249	$ 979,431
Charles County Nursing Home		25,249	979,431

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS
BY FACILITY: FISCAL YEAR 1983 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	PAYMENTS
Dorchester County	3	56,701	$ 1,867,972
Belhaven Nursing Home		0	-200
Cambridge House		48,734	1,583,205
Glasgow Nursing Home		7,967	284,967
Frederick County	4	87,566	$ 2,762,899
Citizens Nursing Home of Frederick County		53,122	1,736,158
Frederick Nursing & Convalescent Center		21,000	604,907
Homewood Retirement Center		3,475	112,618
Vindobona Nursing Home		9,969	309,216
Garrett County	3	101,104	$ 3,342,433
Cuppett & Weeks Nursing Home		51,602	1,747,727
Dennett Road Manor		30,505	1,030,557
Goodwill Mennonite Home		18,997	564,149
Harford County	3	91,755	$ 3,081,399
Belair Convalescent Center		23,233	770,504
Brevin Nursing Home		13,851	503,008
Citizens Nursing Home		54,671	1,807,886
Howard County	1	18,139	$ 540,130
Lorien Nursing & Convalescent Home		18,139	540,130
Kent County	1	6,400	$ 223,706
Magnolia Hall		6,400	223,706
Montgomery County	22	496,711	$ 15,856,708
Bel Pre Health Care Center		11,908	337,649
Bethesda Health Center		47,127	1,512,556
Brooke Grove Nursing Home		9,038	262,184
Chevy Chase Nursing & Convalescent Home		59	2,192
Circle Manor Nursing Home		24,793	861,226

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICES AND PAYMENT BY FACILITY: FISCAL YEAR 1983 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	PAYMENTS
Montgomery County (Continued)			
Collingswood Nursing Center		20,331	$ 597,764
Colonial Villa Nursing Home		8,839	234,996
Fairland Nursing Home		9,180	303,572
Friends House Nursing Home		4,106	119,131
Hebrew Home of Greater Washington		99,355	3,232,318
Herman M. Wilson Health Care Center		57,181	1,863,719
Kensington Gardens		14,085	362,421
Kensington Gardens Nursing Home		24,539	954,187
National Lutheran Home for Aged		46,410	1,368,663
Potomac Valley Nursing Center		21,303	721,410
Randolph Hills Nursing Home		13,173	410,886
Rockville Nursing Home		11,005	330,537
Sharon Nursing Home		5,785	180,796
Sligo Gardens		19,471	624,468
Sylvan Manor Health Care Center		25,473	854,020
University Nursing Home		23,550	722,333
Wildwood Health Care Center		0	-320
Prince George's County	15	357,777	$ 11,477,906
Adelphi Manor		64,451	1,849,522
Carroll Manor		26,802	769,649
Clinton Convalescent Center		75,640	2,473,894
Greenbelt Nursing Home		30,936	1,068,014
Greater Laurel Nursing Home		34,524	1,217,697
Hillhaven Nursing Home		1,205	34,723
Hyattsville Manor		39,135	1,072,226
Madison Manor Nursing & Convalescent Home		6,544	219,188
Madison Manor Nursing Home		2,395	83,923
Magnolia Gardens Nursing Home		20,044	615,563
Manor Care - Largo		14,577	461,938
Prince George's Nursing Care Center		18,016	976,962
Regency Nursing Center		13,278	357,383
Sacred Heart Home		9,930	273,959
Suitland Nursing Home		300	3,265
Queen Anne's County	1	32,117	$ 914,769
Corsica Hills Nursing Center		32,117	914,769

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICE AND PAYMENT BY FACILITY: FISCAL YEAR 1983 (Continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	PAYMENTS
St. Mary's County	2	43,949	$ 1,679,547
Amber House		29,699	1,187,061
St. Mary's Nursing Home		14,250	492,486
Somerset County	1	20,857	$ 702,540
Alice Byrd Tawes Nursing Home		20,857	702,540
Talbot County	2	43,694	$ 1,276,242
House in the Pines		34,164	952,031
William Hill Manor		9,530	324,211
Washington County	10	241,145	$ 7,099,520
Avalon Manor		52,486	1,571,326
Clearview Nursing Home, Inc.		321	11,175
Coffman Home for the Aging		18,309	617,008
Colton Villa Nursing Center		39,536	962,865
Fahrney Keedy Memorial Home for the Aged		13,984	378,028
Garlock Memorial Convalescent Center		12,983	418,715
Homewood Retirement Center		13,728	395,133
Ravenwood Lutheran Village Nursing Home		19,479	628,628
Reeder Memorial Home		43,983	1,357,253
Williamsport Nursing Home		26,336	759,389
Wicomico County	3	139,014	$ 3,993,915
Riverwalk Manor		47,981	1,534,361
Salisbury Nursing Home		70,014	1,741,727
Wicomico Nursing Home		21,019	717,828
Worchester County	3	53,895	$ 1,784,151
Berlin Nursing Home		29,693	990,111
Harrison House		9,668	300,911
Hartley Hall		14,534	493,129
Out Of State	6	44,885	$ 1,482,592

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 19. NURSING FACILITY PROGRAM: SERVICE AND PAYMENT BY FACILITY: FISCAL YEAR 1983 (continued)

LOCATION AND NAME OF FACILITY	NUMBER OF FACILITIES	DAYS	PAYMENTS
STATE FACILITIES	3	52,332	$ 1,882,197
Deer's Head Nursing Center		4,643	173,491
Western Maryland Center		7,116	264,741
Tawes/Bland Bryant Nursing Center		40,573	1,443,965
Recoveries & Adjustments			-1,503,078

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 20. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1983

LOCATION AND NAME OF HOSPTAL	NUMBER OF VISITS			PAYMENTS				
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Deductible & Coinsurance
Total	685,228	471,857	213,371	$56,477,101	$14,984,704	$11,141,241	$27,370,409	$2,980,747
General Hospitals in Baltimore City	513,207	398,541	114,666	$36,698,748	$12,452,845	$ 6,688,757	$16,355,331	$1,201,816
Baltimore City	38,266	29,822	8,444	2,915,234	748,148	468,027	1,614,245	84,814
Balto. City CPPA - C & Y	1,315	1,315	0	39,450	39,450	0	-	0
Bon Secours	14,492	10,884	3,608	1,300,898	197,303	264,280	779,872	59,443
Church	12,256	6,177	6,079	1,205,351	160,101	469,017	532,183	44,049
Good Samaritan	1,831	1,815	16	162,875	54,132	298	89,518	18,927
Johns Hopkins	130,910	103,110	27,800	10,281,212	4,367,513	1,985,387	3,678,030	250,283
Johns Hopkins C & Y	25,427	25,427	0	762,810	762,810	0	0	0
Johns Hopkins Oncology Center	0	0	0	9,875	0	0	0	9,875
Lutheran	13,402	9,826	3,576	830,889	247,425	221,217	328,020	34,227
Maryland General	13,806	9,407	4,399	1,712,507	253,487	264,596	1,105,928	88,496
Mercy	32,610	26,468	6,142	1,822,118	632,086	297,272	812,526	80,234
North Charles General	13,689	13,689	0	908,024	512,976	-	345,550	49,498
Provident	13,007	4,426	8,581	1,841,937	149,782	428,152	1,204,780	59,222
Provident-Druid C & Y	6,413	6,413	0	192,364	192,364	-	0	0
St. Agnes	23,239	14,931	8,308	1,607,670	447,456	408,010	711,728	40,477
Sinai	33,878	21,269	12,609	2,386,801	590,476	642,548	1,042,111	111,666
South Baltimore	19,639	11,629	8,010	1,265,255	222,809	267,508	742,322	32,616
Union Memorial	25,581	18,102	7,479	2,282,697	757,236	448,818	1,017,047	59,596
University of Maryland	76,584	67,886	8,698	4,429,436	1,591,515	478,575	2,186,305	173,041
Univ. MD. Comm. Ped. Cntr.	12,741	12,741	0	382,230	382,230	0	0	0
Wyman Park Health System	4,121	3,204	917	359,115	143,546	45,052	165,166	5,352

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 20. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1983 (Continued)

LOCATION AND NAME OF HOSPITAL	NUMBER OF VISITS			PAYMENTS				
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Deductible & Coinsurance
General Hospitals in Counties	154,483	60,788	93,695	$15,337,952	$2,185,225	$4,019,139	$8,275,329	$858,258
Anne Arundel	4,859	53	4,806	490,335	3,373	213,164	233,593	40,206
Baltimore County General	1,547	51	1,496	142,039	1,136	55,078	68,035	17,790
Calvert Memorial	1,635	406	1,229	302,052	8,383	84,025	190,919	18,725
Carroll County General	1,580	9	1,571	139,834	297	49,330	80,397	9,810
Clinton Community	1,576	884	692	78,662	6,303	8,463	61,467	2,428
Doctor's of P.G. County	1,238	-	1,238	157,945	-	80,759	74,100	3,085
Dorchester General, Cambridge	1,764	63	1,701	301,149	2,342	100,175	151,877	46,755
Edward McCready Memorial	540	109	431	137,918	3,253	20,032	93,379	21,254
Eugene Leland Memorial	1,392	9	1,383	205,714	220	66,249	128,618	10,628
Fallston General	1,828	427	1,401	216,909	9,186	57,802	142,207	7,714
Franklin Square	13,641	8,342	5,299	1,055,006	250,878	249,884	519,009	35,236
Frederick Memorial	2,409	1	2,408	209,868	(461)	77,333	122,527	10,268
Frostburg Community	1,135	33	1,102	94,729	1,150	41,215	37,570	14,794
Garrett County Memorial	1,873	67	1,806	177,927	3,417	70,261	86,611	17,637
Greater Balto. Med. Center	25,204	23,860	1,344	1,450,256	904,264	58,635	456,483	30,873
Greater Laurel	1,104	1	1,103	147,411	39	33,919	108,840	4,612
Harford Memorial	3,464	23	3,441	484,135	1,141	175,560	268,293	39,140
Holy Cross	4,585	2,132	2,453	459,834	67,026	124,167	249,753	18,888
Howard County General	1,082	2	1,080	135,257	(59)	48,199	82,021	5,096
Kent & Queen Anne's General	1,158	5	1,153	181,016	258	62,312	102,337	16,108
Memorial, Cumberland	8,129	51	8,078	503,162	2,122	209,548	249,381	42,111
Memorial Hospital at Easton	3,437	55	3,382	391,613	470	144,193	202,434	44,516
Montgomery General	2,243	802	1,441	378,000	39,028	57,418	270,511	11,043
North Arundel	3,460	19	3,441	341,278	401	120,076	204,485	16,317
Peninsula General	10,811	5,229	5,582	969,672	122,659	269,708	478,416	98,889
Physician's Memorial	2,822	1	2,821	448,857	(40)	154,045	270,497	24,355
Prince George's General	18,048	8,971	9,077	1,959,477	366,248	456,567	1,077,411	59,252
Sacred Heart	3,175	226	2,949	359,667	5,463	108,672	216,304	29,229
St. Joseph's	4,171	2,556	1,615	292,018	49,667	66,546	160,456	15,349

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 20. HOSPITAL OUTPATIENT PROGRAM: SERVICES AND PAYMENTS BY HOSPITAL: FISCAL YEAR 1983 (Continued)

LOCATION AND NAME OF HOSPITAL	NUMBER OF VISITS			PAYMENTS				
	Total	Outpatient Clinic	Emergency Room	Total	Outpatient Clinic Visits	Emergency Room Visits	Ancillary Services	Medicare Deductible & Coinsurance
General Hospitals In Counties (continued)								
St. Mary's	1,756	20	1,736	$ 269,930	$ 1,814	$ 92,985	$ 153,536	$ 21,596
Shady Grove Adventist	2,321	13	2,308	383,861	666	124,586	247,295	11,313
Southern Maryland	2,162	0	2,162	402,155	(140)	124,004	255,411	22,881
Suburban	688	54	634	138,707	620	23,744	106,492	7,850
Union of Cecil	2,887	91	2,796	400,153	453	84,129	297,454	18,117
Washington Adventist	9,094	6,158	2,936	931,897	329,369	130,157	447,577	24,795
Washington County	5,665	65	5,600	599,509	4,279	175,999	379,633	39,598
Specialty Facilities	6,398	6,394	4	$ 528,102	$ 272,143	$ 84	$ 254,546	$ 1,329
Children's	353	352	1	25,929	4,141	47	21,263	478
Good Samaritan Special	0	0	0	29	0	0	0	29
James Kernan	3,361	3,358	3	116,290	32,802	37	82,630	822
J.F. Kennedy Institute	2,671	2,671	0	347,698	232,948	0	114,750	0
Mt. Washington Pediatric	13	13	0	38,156	2,252	0	35,903	0
Out of State Hospitals	10,975	5,977	4,998	$2,200,185	$ 180,649	$441,362	$1,542,848	$ 35,326
Kidney Disease Program	165	157	8	$1,884,323	($ 1,422)	$ 410	$ 984,770	$900,565
Direct Third Party Recoveries	0	0	0	($ 172,206)	($104,738)	($ 8,510)	($ 42,413)	($16,545)

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 21. PHYSICIAN OFFICE, HOME AND NURSING FACILITY PROGRAM: SERVICES AND PAYMENTS: FISCAL YEAR 1983

TYPE OF SERVICE	SERVICES	PAYMENTS
Total	1,550,114	$21,155,635
Physician	1,447,664	$19,107,239
Visits	801,482	13,219,309
Consultation	9,629	276,625
Laboratory	244,756	1,215,842
X-Ray, EKG, EEG	45,640	902,874
Drugs Administered at Cost	65,346	198,180
Other Specified Services	98,352	1,193,553
Medicare Deductable & Coinsurance	182,459	2,100,856
Clinic	102,450	$ 2,084,348
Abortion	3,429	100,227
Drug Addiction	43,225	713,148
Family Planning	24,723	550,271
Mental Health	29,522	678,432
Rural Health	1,551	42,270
Collections		($ 35,952)

Site of Physician Visits

	Number	Percent
Total	801,482	100.0
Office	790,878	98.7
Home	1,078	0.1
Nursing Facility	9,526	1.2

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 22. PHYSICIAN OFFICE, HOME AND NURSING FACILITY PROGRAM: PAYMENTS TO CONTRACT CLINICS: FISCAL YEAR 1983

NAME AND LOCATION OF CLINIC	PAYMENTS	NUMBER OF PATIENTS	AVERAGE PAYMENT PER PATIENT
TOTAL	$ 2,084,348	19,562	$106.56
Abortion Clinics	$ 100,227	900	$111.36
Planned Parenthood Surgical, Baltimore City	91,548	595	153.86
Hillcrest Clinic, Baltimore County	6,605	178	37.11
Sigma Reproductive Health Center, Montgomery County	2,074	127	16.33
Drug Abuse Clinics	$ 713,148	2,051	$347.71
East Baltimore Drug Abuse Center, Baltimore City	163,365	514	317.83
Methadone Maintenance Treatment Program, University of Maryland, Baltimore City	101,625	261	389.37
Man Alive Research Program, Baltimore City	77,820	159	489.43
Provident Hospital Project ADAPT, Baltimore City	63,645	217	293.29
South East Baltimore Drug Treatment Program, Baltimore City	58,140	150	387.60
Glenwood Life Counseling Center, Baltimore City	55,815	176	317.13
Sinai Hospital N.W. Drug Dependency Program, Baltimore County	45,105	126	357.98
West End Drug Abuse Program, Baltimore City	43,350	90	481.67
Cherry Hill Drug Abuse Program, Baltimore County	35,910	109	329.45
COMDAP - Sheppard and Pratt Hospital, Baltimore County	28,770	62	464.03
Prince George's County Health Department, Cheverly Drug Abuse Treatment, Prince George's County	22,915	93	246.40
Harford County Drug Abuse Program, Harford County	6,163	19	324.37
Wicomico County Health Department Drug Program, Wicomico County	5,093	51	99.86
Frederick Methadone Program, Frederick County	3,375	9	375.00
Anne Arundel County Open Door Program, Anne Arundel County	2,057	15	137.13
Family Planning Clinics	$ 550,271	12,287	$ 44.78
Federal Family Planning Project, Baltimore City	291,775	6,501	44.88
Planned Parenthood of Maryland, Baltimore City	175,389	4,019	43.64
Baltimore City Family Planning Project, Baltimore City	75,600	1,524	49.61
Planned Parenthood, Prince George's County	4,171	150	27.81
Planned Parenthood, Montgomery County	3,336	93	35.87

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 22: PHYSICIAN OFFICE, HOME AND NURSING FACILITY PROGRAM: PAYMENTS TO CONTRACT CLINICS: FISCAL YEAR 1983

NAME AND LOCATION OF CLINIC	PAYMENTS	NUMBER OF PATIENTS	AVERAGE PAYMENT PER PATIENT
Mental Health Clinics	$678,432	3,759	$180.48
Community Mental Health Centers	$437,632	1,764	$240.09
The North Baltimore Center, Inc., Baltimore City	146,900	497	295.57
Baltimore County Mental Health Center, Eastern, Baltimore County	81,516	322	253.16
Harbel, Inc. Community Mental Health Center, Baltimore City	44,460	150	296.40
Balto. County Mental Health Center, Southwestern, Balto. County	38,986	164	237.72
Baltimore County Mental Health Center, Southeastern, Baltimore County	37,258	200	186.29
Garrett County Mental Health Center, 4th Street, Garrett County	26,980	143	188.67
Northern Baltimore County Community Mental Health Center, Baltimore County	26,672	179	149.01
D.C. Institute of Mental Hygiene, Washington, DC	17,730	35	506.57
Baltimore County Mental Health Center, Northwestern, Baltimore County	17,130	74	231.49
Local Health Department Mental Health Centers*	$240,800	1,995	$120.70
Carroll County MHC Kegels Building	40,525	50	810.50
Allegany County MHC Willowbrook	31,025	241	128.73
Harford County MHC Annex	14,325	98	146.17
Wicomico County MHC Spring Hill	13,400	137	97.81
Anne Arundel MHC North	13,050	172	75.87
Frederick County MHC Patrick Street	13,000	128	101.56
Montgomery County MHC Wheaton	12,025	74	162.50
Howard County MHC Trellis Center	12,000	79	151.90
Carroll County MHC Mental Health Bureau	11,750	117	100.43
Montgomery County MHC Silver Spring	11,400	90	126.67
Harford County MHC MH Center	11,275	118	95.55
Montgomery County MHC Gaithersburg	7,775	70	111.07
Washington County MHC Pennsylvania Avenue	6,950	123	56.60

* Enrolled on or after January 1, 1983.

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TABLE 22: PHYSICIAN OFFICE, HOME AND NURSING FACILITY PROGRAM: PAYMENTS TO CONTRACT CLINICS: FISCAL YEAR 1983

NAME AND LOCATION OF CLINIC	PAYMENTS	NUMBER OF PATIENTS	AVERAGE PAYMENT PER PATIENT
Local Health Department Mental Health Centers (continued)			
Dorchester County MHC Woods Road	6,500	78	83.33
Anne Arundel MHC Health Services	6,175	84	73.51
Caroline County MHC Denton	5,300	61	86.89
Montgomery County MHC Northeast	5,250	60	87.50
Montgomery County MHC Rockville	4,700	33	142.42
Cecil County MHC North Street	4,075	71	57.39
Talbot County MHC Hanson	3,700	40	92.50
Montgomery County MHC Child Center	3,075	26	118.27
Kent County MHC Upper Shore	2,600	28	92.86
Caroline County MHC Federalsburg	675	13	51.92
Harford County MHC Pennington	250	4	62.50
Rural Health Clinics	$ 42,270	565	$ 74.81
Somerset Medical Center RHC, Somerset County	42,270	565	74.81

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL ASSISTANCE PROGRAM

TABLE 23. PHYSICIAN IN HOSPITAL PROGRAM: SERVICES AND PAYMENTS: FISCAL YEAR 1983

TYPE OF SERVICE	SERVICES				PAYMENTS			
	Total	Inpatient	Outpatient	Emergency Room	Total	Inpatient	Outpatient	Emergency Room
Total	919,416	554,836	221,931	142,649	$20,940,130	$16,790,954	$3,038,370	$1,146,329
Attending Physician	429,470	264,399	78,313	86,758	$ 3,862,609	$2,940,507	$ 283,104	$ 638,998
Surgery	75,083	48,325	16,061	10,697	8,556,624	7,159,222	1,187,014	210,388
Anesthesiology	22,630	19,560	3,009	61	1,495,473	1,368,480	125,096	1,897
Consultation	20,869	18,942	1,585	342	550,888	513,451	28,649	8,788
Radiology	178,986	71,848	70,590	36,548	1,813,042	773,132	808,132	231,778
Pathology	55,143	35,026	15,075	5,042	232,583	158,454	62,838	11,291
Supervision	6	6	0	0	6	6	0	0
Other Specified Services	56,622	42,452	10,969	3,201	1,125,603	905,680	176,734	43,189
Medicare Deductible & Coinsurance	80,613	54,284	26,329	0	3,338,831	2,972,028	366,803	0
Collections					($35,523)			

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MEDICAL ASSISTANCE PROGRAM

TABLE 24. PHYSICIAN PROGRAM: PAYMENTS AND NUMBER OF PHYSICIAN ACCOUNTS BY LOCATION OF PROVIDER AND PAYMENT GROUP: FISCAL YEAR 1983

LOCATION OF PROVIDER	PAYMENTS		PHYSICIAN ACCOUNTS[1]		NUMBER OF PHYSICIAN ACCOUNTS IN PAYMENT GROUP						
	Amount	Percent of Total	Number	Percent of Total	Under $100	$100-$999	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000-$29,999	$30,000-And Over
Grand Total	$42,095,766	100.0	5,161	100.0	526	1,217	1,634	762	540	192	290
Baltimore City	$16,065,929	38.2	1,185	23.0	93	273	350	186	118	45	120
Total Counties	24,983,971	59.3	3,211	62.2	199	601	1,136	555	413	144	163
Allegany	$ 931,756	2.2	107	2.1	7	8	40	23	18	4	7
Anne Arundel	1,898,799	4.5	289	5.6	14	45	118	59	32	10	11
Baltimore	5,516,015	13.1	674	13.1	53	164	230	88	77	19	43
Calvert	580,200	1.4	39	0.8	3	4	10	5	7	2	8
Caroline	94,739	0.2	8	0.2	0	1	0	4	1	2	0
Carroll	445,030	1.1	76	1.5	3	12	36	16	5	1	3
Cecil	437,965	1.0	35	0.7	1	0	9	9	10	3	3
Charles	501,212	1.2	40	0.8	1	3	9	6	12	5	4
Dorchester	392,251	0.9	31	0.6	0	2	8	4	11	4	2
Frederick	562,005	1.3	85	1.5	2	7	35	21	17	3	0
Garrett	230,864	0.6	11	0.2	0	1	0	3	2	3	2
Harford	982,452	2.3	123	2.4	8	15	40	29	16	8	7
Howard	918,063	2.2	114	2.2	11	16	46	12	19	4	6
Kent	270,692	0.6	27	0.5	2	2	7	5	8	2	1
Montgomery	3,439,546	8.2	728	14.1	63	205	277	91	53	21	18
Prince George's	4,523,982	10.8	509	9.9	23	91	175	93	67	29	31
Queen Anne's	61,661	0.2	7	0.1	0	0	0	5	2	0	0
St. Mary's	382,083	0.9	28	0.5	0	3	2	13	5	3	2
Somerset	186,749	0.4	13	0.2	0	0	4	3	2	2	2
Talbot	540,378	1.3	51	1.0	0	6	15	14	9	2	5
Washington	932,482	2.2	100	1.9	4	7	37	22	17	9	4
Wicomico	1,027,129	2.4	102	2.0	3	6	35	28	20	6	4
Worcester	127,918	0.3	14	0.3	1	3	3	2	3	2	0
Out of State	$ 1,045,866	2.5	765	14.8	234	343	148	21	9	3	7

[1] Physician accounts include individual and group practices and contract clinics.

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TABLE 25. PHARMACY PROGRAM: SERVICES AND PAYMENTS: FISCAL YEAR 1983

	Number of Invoices	Payments[1]	Average Payment Per Invoice
Total	2,870,691	$33,153,476	$11.55
Invoices reimbursed on Usual and Customary basis	1,237,291	$13,070,853	$10.56
Invoices reimbursed on allowable cost plus professional fee basis	1,633,400	$20,082,623	$12.30
Legend Drugs	1,601,814	$19,670,673	$12.28
Over-the-Counter Drugs	31,586	$ 411,950	$13.04

[1] Does not include 50¢ copayment made by recipients in state-only categories for each prescription filled except for EPSDT related and family planning prescriptions.

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TABLE 26. PHARMACY PROGRAM: PAYMENTS AND NUMBER OF PARTICIPATING PHARMACIES (PROPRIETARY AND INSTITUTIONAL) BY LOCATION OF PHARMACY AND PAYMENT GROUP: FISCAL YEAR 1983

LOCATION OF PHARMACY	PAYMENTS[1]		PARTICIPATING PHARMACIES		NUMBER OF PHARMACIES IN PAYMENT GROUP					
	Amount	Percent of Total	Number	Percent of Total	Under $1,000	$1,000 $4,999	$5,000 $9,999	$10,000 $19,999	$20,000 $49,999	$50,000 And Over
Grand Total	$33,153,476	100.0	910	100.0	94	116	123	176	219	182
Baltimore City	$13,773,939	41.5	175	19.2	9	8	10	27	38	83
Total Counties	16,763,335	50.6	555	61.0	33	75	84	130	147	86
Allegany	$ 741,158	2.2	19	2.1	1	1	1	6	4	6
Anne Arundel	1,185,840	3.6	45	4.9	4	5	5	11	15	5
Baltimore	4,676,021	14.1	137	15.0	6	29	20	37	25	20
Calvert	403,894	1.2	3	0.3	1	0	0	0	1	1
Caroline	258,519	0.8	8	0.9	0	1	0	2	4	1
Carroll	349,822	1.1	14	1.5	0	1	2	4	6	1
Cecil	301,278	0.9	6	0.7	0	0	0	0	3	3
Charles	371,162	1.1	8	0.9	0	0	1	0	3	4
Dorchester	247,490	0.8	7	0.8	0	1	0	0	5	1
Frederick	417,784	1.3	17	1.9	0	2	3	3	8	1
Garrett	346,201	1.0	6	0.7	0	0	0	0	4	2
Harford	669,270	2.0	30	3.3	3	5	2	6	10	4
Howard	192,977	0.6	16	1.8	1	2	4	6	3	0
Kent	113,918	0.3	2	0.2	0	0	0	0	0	2
Montgomery	1,614,357	4.9	79	8.7	6	12	20	22	12	7
Prince George's	2,382,841	7.2	103	11.3	10	11	21	26	25	10
Queen Anne's	117,787	0.4	3	0.3	0	0	0	1	1	1
St. Mary's	239,193	0.7	4	0.4	0	0	0	0	2	2
Somerset	211,488	0.6	6	0.7	0	0	0	1	4	1
Talbot	141,927	0.4	5	0.5	0	1	0	1	2	1
Washington	982,139	3.0	17	1.9	0	1	1	2	6	7
Wicomico	442,512	1.3	9	1.0	0	0	2	1	3	3
Worcester	355,757	1.1	11	1.2	1	3	2	1	1	3
Out-of-State	$ 2,627,649	7.9	180	19.8	52	33	29	19	34	13
Recoveries	($11,447)		1		1					

[1] Does not include 50¢ copayment made by recipients in state-only categories for each prescription filled except EPSDT-related and family planning prescriptions.

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TABLE 27. PHARMACY PROGRAM: PAYMENTS TO INSTITUTIONAL PHARMACIES AND NUMBER OF INVOICES: FISCAL YEAR 1983

NAME AND LOCATION OF PHARMACY	PAYMENTS	NUMBER OF INVOICES	AVERAGE PAYMENT PER INVOICE
Total	$1,389,575	131,769	$10.55
West Baltimore Community Health Center - Balto. City	$ 246,482	21,477	$11.48
Baltimore City Hospital - Baltimore City	185,879	16,680	11.14
Mercy Hospital - Baltimore City	128,710	10,482	12.28
GBMC - BSC - Baltimore City	104,973	13,600	7.72
Stella Maris Hospice - Baltimore County	93,592	11,015	8.50
Union Memorial Hospital - Baltimore City	78,947	7,816	10.10
Sinai Hospital of Baltimore, Inc. - Baltimore City	72,085	7,256	9.93
Constant Care Community Health Center - Baltimore City	70,713	5,991	11.80
Maryland General Hospital - Baltimore County	54,575	5,033	10.84
Franklin Square Hospital - Baltimore County	53,090	4,560	11.64
University Hospital - Baltimore City	48,626	4,861	10.00
Montgomery General Hospital - Montgomery County	38,001	2,719	13.98
Johns Hopkins Hospital - Baltimore City	39,778	2,885	13.79
Church Hospital - Baltimore City	34,651	3,657	9.48
Keswick Home - Baltimore City	31,931	3,654	8.74
Good Samaritan Hospital - Baltimore City	28,467	2,039	13.96
McCready Hospital - Somerset County	27,882	2,200	12.67
Bon Secours Hospital, Inc. - Baltimore City	18,872	1,999	9.44
South Balto. General Hospital - Baltimore City	12,000	1,342	8.94
Provident Hospital - Baltimore City	8,791	779	11.28
St. Joseph Hospital - Baltimore City	8,667	1,149	7.54
University of Maryland Dental - Baltimore City	1,976	470	4.20
Doctor's Hospital - Prince George's County	543	70	7.76
Prince George's General Hospital - Pr. Geo. Co.	304	30	10.13
East Baltimore Medical Program	23	1	23.18
James Kernan Hospital - Baltimore City	13	3	4.28
Children's Hospital - Washington, D. C.	4	1	4.32

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TABLE 28. DENTAL PROGRAM: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1983

		TYPE OF SERVICE						
AREA OF RESIDENCE	TOTAL	Diagnostic	Preventive	Restorative	Endo/ Periodontic	Prosthodontic	Oral Surgery	Other Services
Grand Total	$5,854,505	$841,866	$1,067,626	$1,563,599	$442,353	$104,252	$771,457	$1,063,352
Baltimore City	$2,725,390	$401,462	$ 459,143	$ 722,542	$221,050	$ 54,547	$384,026	$ 482,620
Total Counties	3,166,276	440,404	608,483	841,057	221,303	49,705	387,431	617,892
Allegany	$ 151,352	$ 18,196	$ 31,075	$ 42,164	$ 9,664	$ 3,970	$ 17,460	$ 28,823
Anne Arundel	359,341	43,634	69,174	105,294	31,092	3,435	38,949	67,763
Baltimore	408,035	59,797	90,990	100,878	32,490	6,947	47,415	69,518
Calvert	59,708	8,621	8,471	14,572	1,827	327	7,065	18,825
Caroline	36,359	6,324	6,514	9,921	1,159	218	5,963	6,260
Carroll	71,971	9,679	12,128	22,433	5,347	777	7,141	14,464
Cecil	97,022	10,430	21,346	27,032	7,332	1,484	9,746	19,652
Charles	119,598	15,709	18,778	35,044	6,684	1,573	12,244	29,566
Dorchester	85,622	12,222	19,021	22,041	5,066	1,345	10,881	15,086
Frederick	66,743	6,379	8,402	15,985	4,061	1,932	16,974	13,010
Garrett	50,312	5,553	8,277	17,449	3,260	953	6,614	8,206
Harford	192,160	29,104	39,715	57,572	12,333	3,393	14,647	35,396
Howard	41,668	4,842	7,518	11,521	4,373	733	4,575	8,106
Kent	20,704	3,573	4,082	5,709	503	329	3,030	3,478
Montgomery	359,549	44,039	71,426	88,313	31,460	5,777	38,731	79,803
Prince George's	552,515	83,032	100,566	145,679	39,886	6,292	67,869	109,191
Queen Anne's	26,711	3,446	4,738	7,416	1,387	580	5,468	3,676
St. Mary's	94,840	13,243	12,433	29,533	5,480	1,636	11,446	21,069
Somerset	40,057	6,700	7,845	8,265	2,715	369	6,940	7,223
Talbot	20,110	3,748	4,806	4,503	355	142	3,558	2,998
Washington	139,337	18,374	23,829	33,216	6,380	4,548	24,761	28,229
Wicomico	136,984	27,557	30,199	27,545	6,455	2,347	20,996	21,885
Worcester	35,537	6,202	7,150	8,970	1,994	598	4,958	5,665
Recoveries	($ 37,159)							($ 37,159)

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TABLE 29. DENTAL PROGRAM: PAYMENTS AND NUMBER OF DENTAL ACCOUNTS BY PROVIDER LOCATION AND PAYMENT GROUP: FISCAL YEAR 1983

LOCATION OF PROVIDER	PAYMENTS[1]		DENTAL ACCOUNTS		NUMBER OF DENTAL ACCOUNTS IN PAYMENT GROUP					
	Amount	Percent of Total	Number	Percent of Total	Under $100	$100-$999	$1,000-$4,999	$5,000-$9,999	$10,000-$19,999	$20,000 & Over
Grand Total	$5,854,505	100.0	1,403	100.0	203	499	436	112	78	75
Baltimore City	$2,418,893	41.3	263	18.7	26	68	74	32	22	41
Total Counties	3,411,683	58.3	1,073	76.5	150	401	352	80	56	34
Allegany	$ 158,330	2.7	32	2.3	1	9	12	4	5	1
Anne Arundel	390,949	6.7	122	8.7	16	41	47	7	8	3
Baltimore	610,530	10.4	225	16.0	39	98	61	13	8	6
Calvert	57,486	1.0	11	0.8	0	1	6	3	0	1
Caroline	25,384	0.4	5	0.4	0	1	3	0	1	0
Carroll	61,556	1.1	36	2.6	3	14	16	2	1	0
Cecil	70,896	1.2	16	1.1	1	3	6	4	2	0
Charles	72,092	1.2	19	1.4	1	5	9	1	3	0
Dorchester	85,272	1.5	13	0.9	1	3	3	3	2	1
Frederick	68,198	1.2	38	2.7	6	16	14	1	0	1
Garrett	44,099	0.7	13	0.9	0	3	6	4	0	0
Harford	229,360	3.9	55	3.9	5	24	15	5	2	4
Howard	53,592	0.9	29	2.1	4	15	8	0	1	1
Kent	28,289	0.5	4	0.3	0	0	2	1	1	0
Montgomery	432,428	7.4	185	13.2	41	80	48	4	7	5
Prince George's	518,106	8.8	160	11.4	24	54	54	13	9	6
Queen Anne's	12,155	0.2	6	0.4	0	1	5	0	0	0
St. Mary's	97,316	1.7	17	1.2	1	5	3	3	2	1
Somerset	18,222	0.3	4	0.3	0	1	1	2	0	0
Talbot	38,850	0.7	9	0.6	1	3	3	1	0	1
Washington	142,362	2.4	38	2.7	3	10	17	5	2	1
Wicomico	174,381	3.0	26	1.9	2	8	9	4	1	2
Worcester	21,830	0.4	10	0.7	1	6	2	0	1	0
Out of State	$ 23,929	0.4	67	4.8	27	30	10	0	0	0

[1] Includes payments to individual and group practices and clinics.

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TABLE 30. DENTAL PROGRAM: PAYMENTS TO DENTAL CLINICS: FISCAL YEAR 1983

NAME AND LOCATION OF CLINIC	PAYMENTS	NUMBER OF PATIENTS	AVERAGE PAYMENT PER PATIENT
Total	$675,809	16,788	$40.26
Provident Hospital, Inc - Baltimore City	$ 74,741	923	$80.98
Park West Health Center - Baltimore City	64,801	1,250	51.84
Greater Baltimore Medical Center - Baltimore City	58,957	1,452	40.60
University of Md. Dental Clinic - Baltimore City	52,915	1,449	36.52
Comprehensive Child Care -JHH - Baltimore City	49,722	1,296	38.37
Chesapeake Physicians, P.A. Dental - Baltimore City	38,800	887	43.74
Comm Ped. Center, University of Maryland - Baltimore City	26,206	775	33.81
Comm. Preventive Dentistry - Baltimore City	26,047	1,280	20.35
Smilerite Oral Health Care Ctr. - Baltimore City	24,851	330	75.31
Cherry Hill Dental Clinic - Baltimore City	24,418	750	32.56
J.F.K. Institute Dental Dept. - Baltimore City	22,012	410	53.69
Eastover Dental Health Group. Prince George's County	20,163	285	70.75
North Central Baltimore Health Corp. - Baltimore City	18,406	485	37.95
Sinai Hospital Dental Clinic - Baltimore City	18,360	496	37.02
Oral Surgery Associates - Baltimore City	16,667	247	67.48
Constant Care Community Health Center - Baltimore City	14,093	622	22.66
Druid Dental Clinic - Baltimore City	12,684	647	19.61
W. Baltimore Community Health Center - Baltimore City	11,391	300	37.97
Annapolis Rd. Dental Health Center - Prince George's County	10,334	129	80.11
Scope Inc. Dental Clinic - Somerset County	9,983	172	58.04
Mercy Hospital Dental Clinic - Baltimore City	9,604	320	30.01
Eastern Dental Clinic - Baltimore City	8,284	289	28.66
James. L. Kernan Hospital Dental Clinic - Baltimore City	7,966	167	47.70
Southern Dental Clinic - Baltimore City	6,718	259	25.94
Children's Hospital Inc. Dental - Baltimore City	6,697	83	80.69
JHH Dental Clinic - Baltimore City	6,424	70	91.77
Baltimore Municipal Health Service Program - Baltimore City	4,872	180	27.07
Provident - Druid C&Y Dental - Baltimore City	4,805	217	22.14
Dental Hygiene Program -C.C.B. - Baltimore City	4,212	262	16.08
Faculty Dental Service PL Associates - Baltimore City	3,984	77	51.73
Waxter Center Dental Clinic - Baltimore City	3,258	117	27.85

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TABLE 30. DENTAL PROGRAM: PAYMENTS TO DENTAL CLINICS: FISCAL YEAR 1983 (Continued)

NAME AND LOCATION OF CLINIC	PAYMENTS	NUMBER OF PATIENTS	AVERAGE PAYMENT PER PATIENT
Allegany Comm. College Dental Clinic - Allegany County	$ 3,232	193	$16.75
Family Dental Center, Hamilton, Baltimore City	2,761	62	44.53
Chesapeake Dental Association - Baltimore City	1,709	59	28.97
Columbia Dental Association - Howard County	1,152	32	36.00
St. Agnes Hospital Dental Clinic - Baltimore City	1,025	39	26.28
Upper Eastern Shore Mobile Dental Clinic - Queen Anne's County	978	40	24.45
Maryland School for the Blind - Baltimore City	810	61	13.28
Family Dental Care Association - Montgomery County	729	2	364.50
Harbor Health Care Dental - Baltimore City	416	19	21.90
CHNMC D.C. Dental Clinic - Washington, DC	302	45	6.71
Dental Practice Systems - Baltimore City	176	6	29.33
Oral Surgery ASC Hanover Inc. - Pennsylvania	68	2	34.00
Hyndman Area Health Center Dental	65	1	65.00
Dental Association Brandwood, Pennsylvania	11	1	11.00

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TABLE 31. HOME AND COMMUNITY HEALTH PROGRAMS: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1983

AREA OF RESIDENCE	TOTAL	TYPE OF SERVICE								
		Nursing Service	Home Health Aide	Physical Therapy	Speech Therapy	Occupational Therapy	Medical Social Service	Medical Day Care	Personal Care	Other Services
Maryland State	$4,702,492	$1,240,868	$571,209	$199,257	$54,631	$29,585	$37,980	$1,140,823	$1,375,620	$52,519
Baltimore City	2,243,676	670,668	241,142	102,254	22,429	13,681	25,517	511,028	615,644	41,312
Total Counties	2,466,318	570,200	330,067	97,003	32,202	15,904	12,463	629,795	759,976	18,710
Allegany	$ 233,149	$ 51,130	$ 14,466	$ 6,082	$ 2,285	$ 1,267	$ 1,654	$ 66,453	$ 89,323	$ 489
Anne Arundel	282,256	34,662	16,754	9,785	650	2,047	215	161,156	55,488	1,499
Baltimore	278,631	69,569	45,869	11,369	1,296	50	1,081	40,334	105,195	3,868
Calvert	15,320	6,332	300	0	0	0	46	0	8,350	292
Caroline	23,819	4,546	1,184	5,004	0	0	0	0	12,964	121
Carroll	11,606	4,947	3,811	1,126	0	0	0	0	1,691	33
Cecil	31,305	14,161	1,128	6,997	1,775	0	0	0	6,756	488
Charles	22,459	6,642	5,137	990	34	0	52	1,680	7,730	194
Dorchester	39,659	3,058	2,265	340	0	0	0	0	33,371	425
Frederick	118,372	29,894	46,946	10,214	527	2,326	0	9,832	17,322	1,311
Garrett	19,697	13,380	1,080	0	60	0	0	0	4,738	439
Harford	141,535	62,823	59,702	2,628	410	51	0	0	14,573	1,348
Howard	51,404	19,880	12,066	2,851	126	793	575	5,632	8,713	768
Kent	7,020	2,657	1,514	0	0	0	0	0	2,158	691
Montgomery	311,031	84,157	17,876	17,112	7,399	3,020	6,297	128,057	45,849	1,264
Prince George's	234,063	74,459	32,746	17,921	14,044	5,515	2,215	32,688	53,007	1,468
Queen Anne's	724	548	79	0	0	0	0	0	0	97
St. Mary's	22,157	9,853	1,679	702	320	320	72	4,816	2,708	1,687
Somerset	104,121	3,524	90	126	0	0	46	0	100,804	(469)
Talbot	9,160	0	0	591	0	0	0	0	8,569	0
Washington	84,926	12,774	35,222	1,637	3,276	456	210	12,533	17,958	860
Wicomico	329,749	31,657	4,801	1,175	0	0	0	166,614	124,328	1,174
Worcester	94,155	29,547	25,352	153	0	59	0	0	38,381	663
Recoveries	($ 7,503)									($ 7,503)

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TABLE 32. SPECIAL SERVICES: PAYMENTS BY RESIDENCE OF RECIPIENT AND TYPE OF SERVICE: FISCAL YEAR 1983

AREA OF RESIDENCE	TOTAL	TYPE OF SERVICE: Optometrist-Optician Services			Ambulance Service	Van Service	Podiatry	Medical Laboratory Services	Medical Supplies	Hearing Aids	Physical Therapy	Medicare Deductible & Coinsurance	No Medicare Part B Coverage	Other
		Diagnostic	Dispensing	Fabrication										
Maryland State	$8,716,816	$1,103,462	$681,518	$1,194,357	$254,208	$314,564	$419,429	$1,978,349	$1,329,769	$65,085	$35,404	$1,340,655	$ 27	($11)
Baltimore City	$4,865,936	$ 663,840	$401,230	$ 705,709	$164,936	$241,323	$270,603	$1,060,085	$ 728,279	$32,617	$14,174	$ 582,988	$150	0
Total Counties	3,863,313	439,622	280,288	495,440	90,899	73,241	152,648	918,264	601,490	32,468	21,266	757,667	20	0
Allegany	$ 113,862	$ 24,221	$ 14,929	$ 26,519	$ 3,994	$ 130	$ 2,303	$ 7,454	$ 16,635	$ 827	$ 0	$ 16,760	$ 90	0
Anne Arundel	508,988	49,359	30,255	53,684	17,866	11,295	12,763	124,605	102,110	1,257	10,263	95,571	(40)	0
Baltimore	681,617	57,546	38,154	67,484	27,340	28,820	35,182	147,003	97,295	4,698	3,006	175,066	23	0
Calvert	66,601	8,956	4,492	8,082	859	286	5,998	24,055	5,844	90	21	7,913	5	0
Caroline	36,399	6,098	4,652	8,074	1,902	52	1,049	3,499	6,628	0	0	4,440	5	0
Carroll	84,771	8,464	6,225	10,990	2,357	1,456	1,567	16,207	13,717	379	132	23,277	0	0
Cecil	83,749	16,433	8,792	15,410	2,169	300	751	10,746	21,984	289	335	6,535	5	0
Charles	95,940	18,541	8,929	16,392	778	155	1,063	26,072	12,456	808	47	10,699	0	0
Dorchester	75,300	10,917	8,455	15,049	1,061	330	5,678	8,093	11,338	543	0	13,836	0	0
Frederick	109,591	10,319	6,046	10,536	1,314	130	5,837	25,310	25,530	445	420	23,704	0	0
Garrett	40,238	8,565	5,579	10,052	231	219	196	2,322	8,496	19	0	4,559	0	0
Harford	148,044	25,664	13,963	24,674	5,330	1,132	6,702	25,273	24,593	1,568	3,122	16,056	(33)	0
Howard	90,756	5,666	4,247	7,747	1,360	353	1,273	32,120	12,765	0	266	24,954	5	0
Kent	22,454	5,497	2,463	4,480	1,631	26	34	1,518	3,779	30	0	2,996	0	0
Montgomery	458,063	21,730	23,590	42,119	5,620	8,074	22,738	141,553	70,201	3,370	3,011	116,057	0	0
Prince George's	760,775	85,854	49,507	85,756	10,155	19,693	23,889	254,961	87,487	13,652	630	129,234	(43)	0
Queen Anne's	27,409	4,741	2,755	5,004	888	0	666	5,551	4,045	120	9	3,630	0	0
St. Mary's	48,139	9,300	4,496	7,702	1,210	489	1,123	10,906	3,143	1,187	4	8,579	0	0
Somerset	46,964	7,805	5,645	10,203	684	0	1,805	4,830	5,250	30	0	10,712	0	0
Talbot	22,277	3,097	2,734	4,899	347	0	1,397	2,298	2,959	324	0	4,222	0	0
Washington	169,371	24,985	15,116	26,710	1,122	197	2,683	22,623	41,062	1,018	0	33,855	0	0
Wicomico	124,539	18,271	14,071	24,958	2,228	78	13,820	14,028	18,019	507	0	18,556	3	0
Worcester	47,466	7,593	5,193	8,916	453	26	4,131	7,237	6,154	1,307	0	6,456	0	0
Recoveries	($ 12,431)			($ 6,792)	($1,627)		($ 3,822)				($ 36)		($143)	($11)

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TABLE 33. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM: PAYMENTS AND SERVICES TO LOCAL HEALTH DEPARTMENTS: FISCAL YEAR 1983

LOCATION OF HEALTH DEPARTMENT	NUMBER OF SCREENS			PAYMENTS[2]
	Total	Complete Screens	Limited Screens[1]	
Maryland State	20,767	15,943	4,824	$439,366
Baltimore City	2,895	1,381	1,514	$ 43,325
Total Counties	17,872	14,562	3,310	396,041
Allegany	883	806	77	$ 21,586
Anne Arundel	2,117	1,808	309	50,880
Baltimore	913	690	223	18,533
Calvert	386	373	13	10,411
Caroline	310	169	141	5,411
Carroll	296	247	49	7,479
Cecil	607	412	195	11,489
Charles	916	803	113	22,278
Dorchester	1	1	0	30
Frederick	742	657	85	17,049
Garrett	407	407	0	12,509
Harford	744	588	156	16,907
Howard	137	134	3	3,249
Kent	118	96	22	2,686
Montgomery	1,108	874	234	21,466
Prince George's	3,927	3,357	570	82,611
Queen Anne's	200	140	60	4,163
St. Mary's	452	278	174	7,335
Somerset	171	122	49	3,800
Talbot	0	0	0	0
Washington	1,495	1,028	467	29,800
Wicomico	1,352	1,146	206	33,387
Worcester	590	426	164	12,982

[1] A "limited screen" is a non-comprehensive health service in which one or more EPSDT component is performed. As of January 1, 1983, limited screens were no longer reimbursed through EPSDT. As of that date, reimbursement for limited screens was accomplished through the 247 Local Health Department Clinic Reporting System.

[2] Other tables in this report do not include payments to Local Health Departments for EPSDT services.

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MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1979-1983

	FISCAL YEAR				
	1983	1982	1981	1980	1979
Number of Recipients	386,623	387,584	378,390	358,182	342,894
Payments: All Services[1]	$515,836,886	$446,715,075	415,157,319	$367,654,693	$301,909,099
Hospital Inpatient	$203,072,245	$180,714,973	179,061,095	$169,532,879	$137,008,199
Nursing Facility Care	161,764,484	139,896,935	125,075,043	103,213,195	87,233,510
Hospital Outpatient Care	56,477,101	49,025,687	43,606,800	37,819,979	31,166,396
Physician Services	42,095,766	34,967,960	31,160,674	25,800,272	20,371,904
Pharmacy Services	33,153,476	26,408,324	21,791,973	18,119,414	15,872,172
Dental Services	5,854,505	5,909,092	6,811,754	6,622,081	5,092,534
Home and Community Health Services	4,702,493	2,772,458	1,377,932	951,538	788,928
Special Services	8,716,816	7,019,646	6,272,048	5,595,335	4,375,456
Average Number of Enrollees	$ 351,109	354,309	363,943	347,820	337,571
Federally Matched Indigent	261,470	270,277	279,431	269,584	263,801
Federally Matched Medically Indigent	49,615	45,824	46,640	45,069	43,163
Non-Federally Matched	40,024	38,208	37,872	33,167	30,607
Average Payment Per Enrollee: All Services[1]	$ 1,469	$ 1,261	$ 1,141	$ 1,057	$ 894
Federally Matched Indigent	938	755	676	645	545
Federally Matched Medically Indigent	3,806	3,574	3,300	2,855	2,420
Non-Federally Matched[2]	2,040	2,061	1,913	1,961	1,754
Hospital Inpatient Care	$ 578	$ 510	$ 492	$ 487	$ 406
Nursing Facility Care	461	395	344	297	259
Hospital Outpatient Care	161	138	120	109	92
Physician Services	120	99	83	74	60
Pharmacy Services	94	74	60	52	47
Dental Services	17	17	19	19	15
Home and Community Health Services	13	8	4	3	2
Special Services	25	20	17	16	13

1 Does not include premiums paid for buy-in of Part B of Medicare; capitation payments for health maintenance organizations; payments to local health departments for screenings under the early and periodic screening, diagnosis and treatment program; or payments for general transportation services.

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1979-1983 (Continued)

HOSPITAL INPATIENT SERVICES	FISCAL YEAR 1983	1982	1981	1980	1979
Number of recipients	67,857	67,150	68,622	61,371	63,002
Payments: Total	$203,072,245	$180,714,973	$179,061,095	$169,532,879	$137,008,199
General Hospitals					
Number of recipients	53,122	54,265	52,632	53,523	49,043
Number of discharges	70,105	71,870	70,049	71,727	64,986
Number of days of care	460,933	481,605	564,751	585,848	521,186
Number of Medicare recipients	13,138	12,610	13,579	14,198	11,344
Payments: Total	$188,191,890	$170,436,579	$171,473,135	$162,832,335	$131,307,956
Inpatient care	183,115,004	166,023,750	166,786,741	159,477,090	128,681,229
Average per diem payment	397.27	344.73	295.33	272.22	246.90
Medicare deductible and coinsurance	5,076,886	4,412,829	4,686,394	3,355,245	2,626,727
Average number of days per discharge	6.6	6.7	8.1	8.2	8.0
Average number of days per enrollee	1.31	1.36	1.55	1.68	1.54
Special Hospitals					
Number of recipients	1,686	1,449	1,364	1,376	1,384
Number of days of care	83,174	81,838	75,339	67,895	57,895
Payments: Total	$17,521,433	$12,773,794	$9,591,002	$8,062,550	$6,415,634
Inpatient care	17,426,100	12,480,930	9,330,627	7,686,786	6,005,471
Average per diem interim payment	207.29	152.51	123.85	113.22	103.73
Medicare deductible and coinsurance	95,333	292,864	260,375	375,764	410,163
Average number of days per enrollee	0.24	0.23	0.21	0.20	0.17
Collections: Total	($2,641,078)	($2,495,400)	($2,003,042)	($1,362,006)	($715,391)

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1979-1983 (Continued)

NURSING FACILITY PROGRAM	FISCAL YEAR 1983	1982	1981	1980	1979
Number of recipients of service	18,430	17,390	16,500	15,481	14,565
Number of days of care: Total	4,918,876	4,712,143	4,527,264	4,249,801	3,822,974
Nursing care	4,910,139	4,702,525	4,513,663	4,233,509	3,808,255
Medicare coinsurance	8,737	9,618	13,601	16,292	14,719
Payments: Total	$161,764,484	$139,896,935	$125,075,043	$103,213,195	$87,233,510
Nursing care	161,480,597	139,763,828	124,902,229	103,016,377	87,072,654
Medicare coinsurance	283,887	133,107	172,814	196,818	160,856
Average per diem payment					
Nursing care	$ 32.89	$ 29.72	$ 27.67	$ 24.33	$ 22.86
Medicare coinsurance	32.49	13.84	12.71	12.08	10.93
Average number of days per enrollee					
Nursing care	13.98	13.27	12.40	12.17	11.28
Medicare coinsurance	0.02	0.03	0.04	0.05	0.04

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1979-1983 (Continued)

HOSPITAL OUTPATIENT PROGRAM	FISCAL YEAR 1983	1982	1981	1980	1979
Number of recipients	221,037	220,558	218,125	207,039	195,428
Number of emergency room (ER) and outpatient department (OPD) visits	685,228	682,390	698,261	699,156	637,548
Payments: Total	$56,477,101	$49,025,687	$43,606,800	$37,819,979	$31,166,396
Emergency room and outpatient department visits	$26,125,945	$23,062,675	$20,857,382	$19,054,253	$16,138,876
Ancillary services	$27,370,409	$23,377,515	$20,609,878	$16,952,423	$13,449,595
Average payment per visit	$ 78.07	$ 68.06	$ 59.39	$ 51.50	$ 46.41
Medicare deductible and coinsurance	$ 2,980,747	$ 2,585,497	$ 2,139,540	$ 1,813,303	$ 1,577,925
Average number of ER and OPD visits per enrollee	1.95	1.92	1.92	2.01	1.89
Average number of ER and OPD visits per recipient	3.10	3.09	3.20	3.38	3.26

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1979-1983 (Continued)

PHYSICIAN SERVICES	FISCAL YEAR 1983	1982	1981	1980	1979
Number of recipients	300,978	296,684	283,075	269,369	251,455
Payments: Total	$42,095,766	$34,967,960	$31,160,674	$25,800,224	$20,371,904
Office, Home & Nursing Facility Services					
Number of recipients	240,144	232,085	216,929	209,336	196,613
Payments: Total	$21,155,636	$17,538,388	$14,861,430	$12,003,431	$9,802,078
Physician					
Number of Visits	801,482	750,199	676,346	703,753	638,977
Payments					
Visits	$13,219,309	$10,961,559	$8,698,545	$6,108,115	$4,972,675
Specified services	3,787,075	3,413,770	2,916,848	2,811,585	2,468,875
Medicare deductible and coinsurance	2,100,856	1,620,087	1,605,118	1,438,121	733,045
Number of visits per enrollee	2.28	2.12	1.86	2.02	1.89
Number of visits per recipient	3.34	3.23	3.12	3.36	3.25
Clinics					
Payments	$2,084,348	$1,572,428	$1,650,190	$1,646,168	$1,628,460
Collections	($35,952)	($29,456)	($9,271)	($939)	($977)
In Hospital Service					
Number of recipients	162,186	158,457	155,815	143,924	129,672
Payment: Total	$20,940,130	$17,429,572	$16,299,244	$13,797,174	$10,569,826
Service to: Inpatients	$13,818,927	$11,839,534	$11,409,926	$9,655,034	$7,449,763
Outpatients	2,671,566	2,242,261	1,838,140	1,573,020	1,235,072
Emergency room patients	1,146,329	981,815	869,387	658,309	810,588
Medicare deductible and coinsurance	$3,338,831	$2,395,300	$2,191,957	$1,911,891	$1,075,459
Collections	($35,523)	($29,338)	($10,166)	($1,080)	($1,055)

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1979-1983 (Continued)

PHARMACY SERVICES	FISCAL YEAR 1983	1982	1981	1980	1979
Number of recipients	276,176	273,351	263,872	249,657	238,565
Number of invoices: Total	2,870,691	2,741,959	2,578,293	2,441,939	2,334,147
Payments: Total	$33,153,476	$26,408,324	$21,791,973	$18,119,414	$15,872,172
Average payment per invoice:	$ 11.55	$ 9.63	$ 8.45	$ 7.42	$ 6.80
Average number of invoices per enrollee	8.2	7.7	7.1	7.0	6.9
Average number of invoices per recipient	10.4	10.0	9.8	9.8	9.8

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1979-1983 (Continued)

DENTAL SERVICES		FISCAL YEAR 1983	1982	1981	1980	1979
Number of recipients		89,815	89,261	90,823	84,733	76,934
Payments:	Total	$5,854,505	$5,909,092	$6,811,754	$6,622,081	$5,092,534
	Diagnostic	841,866	856,128	925,217	905,511	862,236
	Preven	1,067,626	845,136	857,479	807,458	704,647
	Restorative	1,563,599	1,682,040	1,850,620	1,786,919	1,512,044
	Endo/Periodontic	442,353	405,026	483,525	438,165	380,489
	Prosthodontic	104,252	140,622	869,360	1,177,721	169,381
	Oral surgery	771,457	767,830	800,925	851,262	777,139
	Other surgery	1,063,352	1,212,310	1,024,628	655,045	686,598
Number of Selected Services						
Prophylaxes		59,055	56,858	58,206	54,316	50,585
Floride treatments		50,522	50,416	51,567	45,840	45,346
Fillings		99,703	116,883	129,715	144,868	135,141
Extracti .s		54,433	59,954	66,142	69,823	61,389
Full upper or lower dentures		38	56	1,994	3,208	67
Partial dentures		329	450	2,793	3,416	597

MARYLAND MEDICAL ASSISTANCE PROGRAM

TABLE 34. SUMMARY OF SELECTED PROGRAM DATA: FISCAL YEARS 1979-1983 (Continued)

	FISCAL YEAR				
HOME AND COMMUNITY HEALTH SERVICES	1983	1982	1981	1980	1979
Number of recipients	3,944	3,422	2,594	1,950	2,278
Payments: Total	$4,702,493	$2,772,458	$1,377,932	$951,538	$788,928
Nursing Service	1,240,868	1,040,866	669,138	547,120	520,852
Home Health Aid	571,209	568,402	367,248	278,387	170,232
Physical, Occupational & Speech Therapy	283,473	217,771	106,152	90,161	73,176
Medical Day Care	1,140,823	332,496	136,617	0	0
Personal Care	1,375,620	531,698	37,962	0	0
Other Specified Services	90,498	79,855	46,065	33,245	16,998
Medicare deductible	0	1,370	14,750	2,625	7,670
SPECIAL SERVICES					
Number of recipients	143,935	127,410	114,860	106,928	94,025
Payments: Total	$8,716,816	$7,019,646	$6,272,048	$5,595,335	$4,375,456
Optometry & Optician Service	2,979,337	2,682,842	2,552,512	2,507,675	2,001,109
Ambulance & Van Service	568,772	525,111	537,131	383,114	326,461
Medical Laboratory Service	1,978,349	1,445,967	1,076,246	903,117	765,698
Medical Supplies	1,329,769	1,008,738	813,099	677,857	557,906
Podiatry	419,429	329,190	361,518	307,782	229,214
Physical Therapy	35,404	17,204	15,906	19,692	15,019
Hearing Aids	65,085	37,453	0	0	0
Medicare deductible and coinsurance	1,340,655	973,141	915,636	796,098	480,049
No Medicare Part B Coverage	27				
Recoveries (other)	(-11)				

APPENDIX A
GLOSSARY OF TERMS

ENROLLEES Those persons who apply for and are determined eligible for Aid to Families with Dependent Children, General Public Assistance, Supplemental Security Income or Medical Assistance. Each enrollee receives a Medical Assistance identification card.

RECIPIENTS Medical Assistance enrollees who use their Medical Assistance identification cards to receive services.

FEDERALLY MATCHED INDIGENT ELIGIBILITY CATEGORIES

OAA Old Age Assistance. Individuals 65 years old or older who are recipients of Supplemental Security Income (SSI) benefits.

PANB Public Assistance to the Needy Blind. Individuals who are blind and are recipients of SSI benefits.

APTD Aid to the Permanently and Totally Disabled. Individuals who are disabled and are recipients of SSI benefits.

EP Essential Persons. Individuals who were receiving Medical Assistance in December 1973 because they had been determined to be essential to the well being of the aged, blind or disabled spouse with whom they lived and who continue to meet the December 1973 criteria for the State's approved Old Age Assistance, Aid to the Blind, or Aid to the Permanently and Totally Disabled plans.

AFDC Aid to Families with Dependent Children. Individuals who are recipients of Aid to Families with Dependent Children benefits.

FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES

MAO Medical Assistance to Individuals Aged 65 and Over. Individuals 65 years old or older who are not recipients of SSI.

MAB Medical Assistance to the Blind. Individuals who are disabled and are not recipients of SSI.

MAD Medical Assistance to the Disabled. Individuals who are disabled and are not recipients of SSI.

MAFC Medical Assistance to Individuals Under 21 and Not in Family. Individuals younger than 21 years old who are not living with a caretaker-relative and receive no cash assistance. This group is comprised of children in foster care, state facilities for the mentally retarded, and children under the jurisdiction of the Juvenile Services Administration who live in facilities that are not owned, operated or administered by the agency.

MAC — Medical Assistance to Individuals Under 21 and In Family. Individuals younger than 21 years old who live with family members and are not receiving cash assistance.

MAR — Medical Assistance to Eligible Relatives. Individuals who are caretaker-relatives of children who do not receive cash assistance.

NON-FEDERALLY MATCHED INDIGENT ELIGIBILITY CATEGORY

GPA — General Public Assistance. Individuals who are receiving cash assistance from state and local funds because they are unemployed or only part-time employed due to a medically substantiated disability or advanced age and lack of experience in the labor market.

NON-FEDERALLY MATCHED MEDICALLY INDIGENT ELIGIBILITY CATEGORIES

STND I — Standard I. Individuals between the ages of 21 and 65 who are not blind or disabled or a caretaker-relative and are not receiving cash assistance in either a federal or a state-only program.

SA — Subsidized Adoptions. Children with special needs who have been adopted, through the Maryland Department of Human Resources, by families whose income and/or assets render the children financially ineligible for Medicaid coverage.

APPENDIX B
TECHNICAL NOTE

Enrollees are generally issued plastic Medical Assistance identification cards for periods of either three or twelve months. During these periods, an enrollee may be found to be no longer eligible for Medical Assistance. In addition, some enrollees are found ineligible retroactively. This loss of eligibility may be due to a change in the individual's marital status, employment or financial situation. Upon receipt of information which indicates a change that requires cancellation of eligibility, the Department of Social Services informs the enrollee by letter that s/he is no longer eligible for Medical Assistance and must return the Medical Assistance card.

Historically, when an individual's Medical Assistance eligibility has been cancelled prior to the expiration date on her/his identification card, the individual has continued to be counted as an enrollee until the expiration date on the card. These "cancelled" enrollees have appeared in the Standard I enrollment category.

In addition, providers have had limited means for identifying enrollees whose eligibility had been cancelled prior to the expiration dates on their Medical Assistance cards. Therefore, the Program has paid the relatively small number of claims submitted for "cancelled" recipients with valid identification cards who have continued to use their cards. To address this situation an eligibility verification system is being implemented whereby providers will be able to easily verify the eligibility status of any enrollee. This will greatly reduce the potential for service utilization by a "cancelled" enrollee.

Since Program payments for these enrollees have always been relatively small, and since the eligibility verification system will eliminate most of the remaining payments, as of fiscal year 1982 enrollees with a "cancelled" status are no longer counted in Program enrollment figures.

In order to compare enrollment or enrollment-related statistics from this publication, which excludes "cancelled" enrollees, with those of publications prior to fiscal year 1982, which include "cancelled" enrollees, both figures for fiscal years 1971 through 1981 are listed on the following page.

Fiscal Year	Average Monthly Enrollment	
	Excluding Cancelled Enrollees	Including Cancelled Enrollees
1971	336,715	337,715
1972	375,981	385,981
1973	398,715	414,715
1974	382,306	402,806
1975	386,718	416,151
1976	395,034	424,606
1977	371,067	405,925
1978	346,544	380,098
1979	337,571	365,854
1980	347,820	376,276
1981	363,943	394,466

The Secretary of Health and Mental Hygiene, by law* and/or policy does not permit discrimination in the delivery of services and employment on the basis of handicapped status, race, color, and national origin; additionally, discrimination in any phase of employment practices, policies or procedures on the basis of religion, age, sex or political affiliation are prohibited. This encompasses all facilities and programs directly operated by DHMH, grant-in-aid programs, providers of health services receiving Federal funds through DHMH, contractors and sub-contractors.

*Applicable laws and policy are available on request.